KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
**Form must be Typed**
**Form must be completed on a per well basis**

# ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

***Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.***

OPERATOR: License # 34350
Name: Altavista Energy, Inc.
Address 1: 4595 K-33 HIGHWAY
Address 2: PO BOX 128
City: WELLSVILLE State: KS Zip: 66092 + __ __ __ __
Contact Person: Phillip Frick
Phone: ( 785 ) 883-4057
Lease Name: GOETZ
Well Number: DW 4

API No.: 15-121-27013-00-00
Permit No: E25319.6
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - NE - SE Sec. 8 Twp. 18 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
4290 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Miami

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Cattleman
Maximum Authorized Injection Rate: 60 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 8 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 1012 | 500 | 0 | | 31 |
| February | 842 | 500 | 0 | | 28 |
| March | 955 | 500 | 0 | | 31 |
| April | 948 | 500 | 0 | | 30 |
| May | 834 | 500 | 0 | | 31 |
| June | 958 | 500 | 0 | | 30 |
| July | 819 | 500 | 0 | | 31 |
| August | 909 | 500 | 0 | | 31 |
| September | 1017 | 500 | 0 | | 30 |
| October | 848 | 500 | 0 | | 31 |
| November | 851 | 500 | 0 | | 30 |
| December | 858 | 500 | 0 | | 31 |
| ***TOTAL*** | 10851 | | 0 | | |

Submitted Electronically