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 # 34975
Name: StrataKan Exploration, LLC
Address 1: 100 S MAIN
Address 2:
City: PLAINVILLE State: KS Zip: 67663 + __ __ __ __
Contact Person: Justin R. Prater
Phone: ( 785 ) 688-4241
Lease Name: HABIGER
Well Number: 18-2

API No.: 15-159-22842-00-00
Permit No: D32518.0
Reporting Year: 2017
*(January 1 to December 31)*

___ - SE - SE - NE Sec. 18 Twp. 18 S. R. 9 ☐ E ☑ W
*(Q/Q/Q/Q)*
2970 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Rice

**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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 4000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 0 | | 0 | | |
| April | 0 | | 0 | | |
| May | 0 | | 0 | | |
| June | 0 | | 0 | | |
| July | 0 | | 0 | | |
| August | 9920 | 0 | 0 | | 31 |
| September | 9600 | 0 | 0 | | 30 |
| October | 9900 | 0 | 0 | | 31 |
| November | 9600 | 0 | 0 | | 30 |
| December | 9920 | 0 | 0 | | 31 |
| ***TOTAL*** | 48940 | | 0 | | |

Submitted Electronically