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 # 34747
Name: Natural Capital LLC
Address 1: 399 PERRY ST. STE 200
Address 2:
City: CASTLE ROCK State: CO Zip: 80104 + __ __ __ __
Contact Person: Ryan Allen
Phone: (406) 350-1235
Lease Name: PETERSON B
Well Number: E-108

API No.: 15-125-01938-00-01
Permit No: E29068.3
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - W2 - NE Sec. 8 Twp. 34 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
4382 feet from ☐ N / ☑ S Line of Section
2630 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 675 psi Injection Zone: WAYSIDE
Maximum Authorized Injection Rate: 40 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	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically