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 # 34443
Name: Blue Top Energy LLC
Address 1: 606 POST ROAD EAST # 702
Address 2:
City: WESTPORT State: CT Zip: 06880 + 6020
Contact Person: Anders Almgren
Phone: (617) 320-6358
Lease Name: SARGEANT
Well Number: SAR 17

API No.: 15-205-28260-00-00
Permit No: E31671.3
Reporting Year: 2017
(January 1 to December 31)

SE - SW - NW - NE Sec. 36 Twp. 27 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4095 feet from ☐ N / ☑ S Line of Section
2133 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 650 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 80 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	560	600	0		31
February	505	600	0		28
March	560	600	0		31
April	540	600	0		30
May	560	600	0		31
June	540	600	0		30
July	560	600	0		31
August	560	600	0		31
September	540	600	0		30
October	560	600	0		31
November	540	600	0		30
December	550	600	0		31
TOTAL	6575		0		

Submitted Electronically