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 # 32960
Name: Yukon Properties LLC
Address 1: 18262 EVERGREEN CIRCLE
Address 2:
City: VILLA PARK State: CA Zip: 92861 + 4500
Contact Person: mary pat smith
Phone: (562) 715-4610
Lease Name: MCCONNELL SOUTH
Well Number: 4

API No.: 15-125-21661-00-01
Permit No: E10448.2
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NW - SE Sec. 20 Twp. 34 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
4502 feet from ☐ N / ☑ S Line of Section
4107 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: 500 psi Injection Zone: Wayside
Maximum Authorized Injection Rate: 100 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	50	100	0		10
February	75	100	0		15
March	25	100	0		5
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	150		0		

Submitted Electronically