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: 11-W

API No.: 15-125-21807-00-01
Permit No: E10448.10
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - SE - SE Sec. 20 Twp. 34 S. R. 15 ☑ E ☐ W
*(Q/Q/Q/Q)*
3214 feet from ☐ N / ☑ S Line of Section
3300 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: 400 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