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 # 34643
Name: Star Blue LLC
Address 1: 510 LILAC
Address 2:
City: LIBERAL State: KS Zip: 67901 + __ __ __ __
Contact Person: Kelly Hill
Phone: (620) 629-1822
Lease Name: CONDIT
Well Number: 2A-8

API No.: 15-175-22020-00-01
Permit No: D31674.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - SE Sec. 8 Twp. 34 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
483 feet from ☐ N / ☑ S Line of Section
2262 feet from ☑ E / ☐ W Line of Section
County: Seward

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: Marrow
Maximum Authorized Injection Rate: 2000 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	8274	0	0		31
February	7728	0	0		28
March	7413	0	0		31
April	3780	0	0		30
May	4706	0	0		31
June	6740	0	0		30
July	4676	0	0		31
August	3899	0	0		31
September	3133	0	00		30
October	6182	0	00		31
November	6217	0	0		30
December	6557	0	0		31
TOTAL	69305		0		

Submitted Electronically