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 # 34319
Name: SDOCO, LLC
Address 1: 8925 S RIDGELINE BLVD, #108
Address 2:
City: HIGHLANDS RANCH State: CO Zip: 80129 + __ __ __ __
Contact Person: J. Robert Tuck
Phone: (303) 979-4029
Lease Name: MCMICHAEL
Well Number: 1-SWD

API No.: 15-203-20051-00-01
Permit No: D21133.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - SE Sec. 33 Twp. 20 S. R. 35 ☐ E ☑ W
(Q/Q/Q/Q)
66 feet from ☐ N / ☑ S Line of Section
1577 feet from ☑ E / ☐ W Line of Section
County: Wichita

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: 0 psi Injection Zone: GLORIETTA
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	1	0	0		31
February	1	0	0		28
March	1	0	0		31
April	1	0	0		30
May	1	0	0		31
June	1	0	0		30
July	1	0	0		31
August	1	0	0		31
September	1	0	0		30
October	1	0	0		31
November	1	0	0		30
December	1	0	0		31
TOTAL	12		0		

Submitted Electronically