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 # 31788
Name: Veenker Resources, Inc.
Address 1: PO BOX 14339
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73113 + 0339
Contact Person: Laurie Stewart
Phone: ( 405 ) 751-1414
Lease Name: MEDCALF
Well Number: 18

API No.: 15-011-22253-00-01
Permit No: E24503.7
Reporting Year: 2017
*(January 1 to December 31)*

SE - NW - NE - NW Sec. 7 Twp. 24 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
4785 feet from ☐ N / ☑ S Line of Section
3465 feet from ☑ E / ☐ W Line of Section
County: Bourbon

**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: 550 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 50 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 | 500 | 300 | 0 | | 31 |
| February | 500 | 300 | 0 | | 28 |
| March | 500 | 300 | 0 | | 28 |
| April | 500 | 300 | 0 | | 30 |
| May | 500 | 300 | 0 | | 29 |
| June | 500 | 300 | 0 | | 30 |
| July | 500 | 300 | 0 | | 30 |
| August | 500 | 300 | 0 | | 30 |
| September | 500 | 300 | 0 | | 29 |
| October | 500 | 300 | 0 | | 30 |
| November | 500 | 300 | 0 | | 30 |
| December | 500 | 300 | 0 | | 31 |
| ***TOTAL*** | 6000 | | 0 | | |

Submitted Electronically