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 # 34585
Name: Oil Sources Corp.
Address 1: 5128 W. 164TH
Address 2:
City: OVERLAND PARK State: KS Zip: 66085 + __ __ __ __
Contact Person: kevin
Phone: (913) 481-4604
Lease Name: CROWN
Well Number: RI-4

API No.: 15-059-25566-00-00
Permit No: E30037.4
Reporting Year: 2017
(January 1 to December 31)

SW - SW - NE - SW Sec. 17 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1600 feet from ☐ N / ☑ S Line of Section
3780 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: SQUIRREL SAND
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	310	500	0		31
February	280	500	0		28
March	310	500	0		31
April	300	500	0		30
May	310	500	0		31
June	300	500	0		30
July	310	500	0		31
August	310	500	0		31
September	300	500	0		30
October	0		0		
November	0		0		
December	0		0		
TOTAL	2730		0		

Submitted Electronically