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 # 30931
Name: Daystar Petroleum, Inc.
Address 1: 522 N. MAIN ST
Address 2: PO BOX 560
City: EUREKA State: KS Zip: 67045 + 0560
Contact Person: Jennifer Watts
Phone: (620) 583-5527
Lease Name: COONS
Well Number: 3

API No.: 15-047-20228-00-01
Permit No: E32574.1
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - NW - SW Sec. 15 Twp. 25 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
3310 feet from ☐ N / ☑ S Line of Section
4645 feet from ☑ E / ☐ W Line of Section
County: Edwards

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: 1000 psi Injection Zone: Kinderhookian Stage
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	1074	0	0	0	19
May	1423	0	0	0	31
June	1959	0	0	0	30
July	1888	0	0	0	31
August	1709	0	0	0	30
September	1656	0	0	0	30
October	1938	0	0	0	31
November	1920	0	0	0	30
December	1920	0	0	0	31
TOTAL	15487		0		

Submitted Electronically