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 # 33335
Name: IA Operating, Inc.
Address 1: 785 W. COVELL ROAD, SUITE 200
Address 2:
City: EDMOND State: OK Zip: 73003 + 2389
Contact Person: Jonathan Allen
Phone: (316) 721-0036
Lease Name: MAVIS
Well Number: 26-3

API No.: 15-051-25547-00-01
Permit No: D28995.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NE - NW Sec. 26 Twp. 14 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
4057 feet from ☐ N / ☑ S Line of Section
3157 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 200 psi Injection Zone: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 500 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	2479	0	0		31
February	2470	0	0		28
March	2756	0	0		31
April	2726	0	0		30
May	3084	0	0		31
June	2822	0	0		30
July	2882	0	0		31
August	2668	0	0		31
September	2498	0	0		30
October	2625	0	0		31
November	2517	0	0		30
December	2668	0	0		31
TOTAL	32195		0		

Submitted Electronically