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: CULLEY TRUST
Well Number: 33-3

API No.: 15-065-23400-00-01
Permit No: E31581.1
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SW - NW Sec. 33 Twp. 8 S. R. 25 ☐ E ☑ W
(Q/Q/Q/Q)
3900 feet from ☐ N / ☑ S Line of Section
4200 feet from ☑ E / ☐ W Line of Section
County: Graham

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: LANSING-KANSAS CITY
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	911	0	0		31
February	1264	0	0		28
March	2406	0	0		31
April	1124	0	0		30
May	1776	0	0		31
June	1206	0	0		30
July	1177	0	0		31
August	1026	0	0		31
September	928	0	0		30
October	914	0	0		31
November	1063	0	0		30
December	1117	0	0		31
TOTAL	14912		0		

Submitted Electronically