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 # 33596
Name: Unit Petroleum Company
Address 1: 8200 SOUTH UNIT DRIVE
Address 2:
City: TULSA State: OK Zip: 74132 + __ __ __ __
Contact Person: Elizabeth Telford
Phone: (918) 477-3930
Lease Name: MAXWELL A
Well Number: 5

API No.: 15-155-21406-00-01
Permit No: E33053.1
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - N2 - N2 Sec. 16 Twp. 25 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
660 feet from ☑ N / ☐ S Line of Section
2550 feet from ☑ E / ☐ W Line of Section
County: Reno

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: 300 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 5000 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	109178	0	0		31
February	69570	0	0		28
March	86276	0	0		31
April	98660	0	0		30
May	94719	0	0		31
June	92114	0	0		30
July	74145	0	0		30
August	93655	0	0		31
September	85729	0	0		30
October	86456	0	0		30
November	78592	0	0		30
December	86210	0	0		31
TOTAL	1055304		0		

Submitted Electronically