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 # 34170
Name: Sirius Energy Corp.
Address 1: 526 COUNTRY PL, SOUTH
Address 2:
City: ABILENE State: TX Zip: 79606 + 7032
Contact Person: Kim Sonne
Phone: ( 325 ) 665-9152
Lease Name: WEST VAN WINKLE
Well Number: WW-1

API No.: 15-003-30125-00-00
Permit No: D30853.0
Reporting Year: 2018
*(January 1 to December 31)*

NW - SW - NW - SE Sec. 13 Twp. 21 S. R. 20 ☑ E ☐ W
*(Q/Q/Q/Q)*
3349 feet from ☐ N / ☑ S Line of Section
4663 feet from ☑ E / ☐ W Line of Section
County: Anderson

**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: 250 psi Injection Zone: Missisippi
Maximum Authorized Injection Rate: 4500 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 | 500 | 100 | 0 | 0 | 31 |
| February | 500 | 100 | 0 | 0 | 28 |
| March | 500 | 100 | 0 | 0 | 31 |
| April | 500 | 100 | 0 | 0 | 30 |
| May | 500 | 100 | 0 | 0 | 31 |
| June | 500 | 100 | 0 | 0 | 30 |
| July | 500 | 100 | 0 | 0 | 31 |
| August | 500 | 100 | 0 | 0 | 31 |
| September | 500 | 100 | 0 | 0 | 30 |
| October | 500 | 100 | 0 | 0 | 31 |
| November | 500 | 100 | 0 | 0 | 30 |
| December | 500 | 100 | 0 | 0 | 31 |
| ***TOTAL*** | 6000 | | 0 | | |

Submitted Electronically