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 # 9501
Name: Faith Petroleum, Inc.
Address 1: PO BOX 1182
Address 2:
City: ARKANSAS CITY State: KS Zip: 67005 + 1182
Contact Person: Jim Warren
Phone: (620) 446-1115
Lease Name: WARREN
Well Number: 1 SWD

API No.: 15-035-24008-00-00
Permit No: D26456.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NW - NW Sec. 11 Twp. 35 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
5255 feet from ☐ N / ☑ S Line of Section
4060 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 100 psi Injection Zone: STALNAKER
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	410	0	0		31
February	350	0	0		28
March	420	0	0		31
April	380	0	0		30
May	400	0	0		31
June	380	0	0		30
July	410	0	0		31
August	415	0	0		31
September	400	0	0		30
October	400	0	0		31
November	370	0	0		30
December	400	0	0		31
TOTAL	4735		0		

Submitted Electronically