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 # 31652
Name: Norstar Petroleum, Inc.
Address 1: 88 INVERNESS CIR E. UNIT F104
Address 2:
City: ENGLEWOOD State: CO Zip: 80112 + 5514
Contact Person: Brady Pfeiffer
Phone: ( 303 ) 925-0696
Lease Name: GIRK
Well Number: 2

API No.: 15-033-20388-00-01
Permit No: E26815.1
Reporting Year: 2018
*(January 1 to December 31)*

____ - ____ - SW - NW Sec. 36 Twp. 33 S. R. 20 ☐ E ☑ W
*(Q/Q/Q/Q)*
3319 feet from ☐ N / ☑ S Line of Section
4620 feet from ☑ E / ☐ W Line of Section
County: Comanche

**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: DOUGLAS
Maximum Authorized Injection Rate: 100 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 | 0 | 0 | | | 0 |
| February | 0 | 0 | | | 0 |
| March | 0 | 0 | | | 0 |
| April | 0 | 0 | | | 0 |
| May | 0 | 0 | | | 0 |
| June | 0 | 0 | | | 0 |
| July | 0 | 0 | | | 0 |
| August | 0 | 0 | | | 0 |
| September | 0 | 0 | | | 0 |
| October | 0 | 0 | | | 0 |
| November | 0 | 0 | | | 0 |
| December | 0 | 0 | | | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically