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 # 30252
Name: Patteson Oil, a General Partnership
Address 1: PO BOX 177
Address 2:
City: MOLINE State: KS Zip: 67353 + 0177
Contact Person: Tom Patteson
Phone: ( 620 ) 647-3203
Lease Name: SHAFFER E
Well Number: 7

API No.: 15-019-26177-00-00
Permit No: E26482.1
Reporting Year: 2018
*(January 1 to December 31)*

NE - SW - SE - NE Sec. 23 Twp. 32 S. R. 10 ☑ E ☐ W
*(Q/Q/Q/Q)*
3307 feet from ☐ N / ☑ S Line of Section
667 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

**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: 600 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 600 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 | 5735 | 0 | 0 | | 31 |
| February | 4810 | 0 | 0 | | 28 |
| March | 5735 | 0 | 0 | | 31 |
| April | 5550 | 0 | 0 | | 30 |
| May | 5735 | 0 | 0 | | 31 |
| June | 5465 | 0 | 0 | | 30 |
| July | 5735 | 0 | 0 | | 31 |
| August | 5735 | 0 | 0 | | 31 |
| September | 5550 | 0 | 0 | | 30 |
| October | 5735 | 0 | 0 | | 31 |
| November | 5550 | 0 | 0 | | 30 |
| December | 5735 | 0 | 0 | | 31 |
| ***TOTAL*** | 67070 | | 0 | | |

Submitted Electronically