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 # 33595
Name: Platte Valley Oil Co., Inc.
Address 1: 7551 MAIN ST STE 253
Address 2: PO BOX 27012
City: RALSTON State: NE Zip: 68127 + 5903
Contact Person: Laura Loughran
Phone: (402) 331-4927
Lease Name: COZAD
Well Number: 1-11 SWD

API No.: 15-039-20282-00-01
Permit No: D20445.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NE - NE Sec. 11 Twp. 1 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
4663 feet from ☐ N / ☑ S Line of Section
796 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: 0 psi Injection Zone: CEDAR HILLS
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	1880	0	0		31
February	1839	0	0		28
March	2222	0	0		31
April	1913	0	0		30
May	1747	0	0		31
June	1643	0	0		30
July	1695	0	0		31
August	1174	0	0		31
September	1666	0	0		30
October	1210	0	0		31
November	2036	0	0		30
December	1949	0	0		31
TOTAL	20974		0		

Submitted Electronically