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 # 34310
Name: New Age Oil LLC
Address 1: 1563 RIDGE RD
Address 2:
City: HAYS State: KS Zip: 67601 + 1010
Contact Person: Travis Rozean
Phone: (785) 623-0473
Lease Name: WORCESTER D16
Well Number: 1

API No.: 15-065-21490-00-01
Permit No: D26451.0
Reporting Year: 2018
(January 1 to December 31)

____ - W2 - NW - SW Sec. 16 Twp. 7 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
2093 feet from ☐ N / ☑ S Line of Section
5019 feet from ☑ E / ☐ W Line of Section
County: Graham

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,TORONTO
Maximum Authorized Injection Rate: 30 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	841				31
February	763				28
March	815				31
April	838				30
May	838				31
June	817				30
July	839				31
August	817				31
September	839				30
October	837				31
November	816				30
December	816				31
TOTAL	9876		0		

Submitted Electronically