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 # 34352
Name: N-10 Exploration, LLC
Address 1: 124 N MAIN
Address 2: PO BOX 195
City: ATTICA State: KS Zip: 67009 + __ __ __ __
Contact Person: Dustin Newberry
Phone: (620) 254-7251
Lease Name: MEDICINE RIVER RANCH
Well Number: SWD E

API No.: 15-007-00140-00-01
Permit No: D30679.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NE - NE Sec. 22 Twp. 34 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4941 feet from ☐ N / ☑ S Line of Section
1001 feet from ☑ E / ☐ W Line of Section
County: Barber

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: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	48050	-25	0		31
February	43400	-25	0		28
March	48050	-25	0		31
April	46500	-25	0		30
May	48050	-25	0		31
June	46500	-25	0		30
July	48050	-25	0		31
August	48050	-25	0		31
September	46500	-25	0		30
October	48050	-25	0		31
November	46500	-25	0		30
December	48050	-25	0		31
TOTAL	565750		0		

Submitted Electronically