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 # 35473
Name: Streamline Energy, LLC
Address 1: 906 N. MAIN
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: Lesli Baker
Phone: (785) 766-1278
Lease Name: CLARKSON 41
Well Number: 2

API No.: 15-125-27667-00-01
Permit No: E28632.1
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SW - NW Sec. 27 Twp. 33 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
716 feet from ☐ N / ☑ S Line of Section
5142 feet from ☑ E / ☐ W Line of Section
County: Montgomery

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 350 psi Injection Zone: Wayside
Maximum Authorized Injection Rate: 350 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	1196	300	0	0	31
February	1198	300	0	0	28
March	1197	300	0	0	31
April	1199	300	0	0	30
May	1200	300	0	0	31
June	1196	300	0	0	30
July	1194	300	0	0	31
August	1200	300	0	0	31
September	1198	300	0	0	30
October	1195	300	0	0	31
November	1192	300	0	0	30
December	1194	300	0	0	31
TOTAL	14359		0		

Submitted Electronically