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 # 5707
Name: Inter-American Energy Corp.
Address 1: 260 ADELAIDE ST E
Address 2: PO BOX 191
City: TORONTO, CANADA M5A1N1 State: ON Zip: 11111 + __ __ __ __
Contact Person: Hans Werner
Phone: (416) 522-9985
Lease Name: STEPHENS
Well Number: 1

API No.: 15-075-20171-00-01
Permit No: D26679.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - SE - SE Sec. 21 Twp. 26 S. R. 40 ☐ E ☑ W
(Q/Q/Q/Q)
1295 feet from ☐ N / ☑ S Line of Section
1312 feet from ☑ E / ☐ W Line of Section
County: Hamilton

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 15800 mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ADMIRE
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	260	-35	0		2
February	0	-35	0		
March	260	-35	0		2
April	130	-35	0		1
May	780	-35	0		6
June	260	-35	0		2
July	390	-35	0		3
August	650	-35	0		5
September	390	-35	0		3
October	390	-35	0		3
November	1040	-35	00		8
December	910	-35			7
TOTAL	5460		0		

Submitted Electronically