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 # 35125
Name: Stroke of Luck Energy & Exploration LLC
Address 1: PO BOX 98
Address 2:
City: TECUMSEH State: KS Zip: 66542 + 0098
Contact Person: Ken Walker
Phone: ( 785 ) 925-2582
Lease Name: MCCLELLAN
Well Number: 4

API No.: 15-163-30154-00-03
Permit No: E15302.1
Reporting Year: 2018
*(January 1 to December 31)*

____ - SE - NW - SW Sec. 9 Twp. 9 S. R. 19 ☐ E ☑ W
*(Q/Q/Q/Q)*
1696 feet from ☐ N / ☑ S Line of Section
4380 feet from ☑ E / ☐ W Line of Section
County: Rooks

**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: 1000 psi Injection Zone: LANSING-KANSAS CITY
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 | 1200 | | 0 | | 31 |
| February | 1084 | | 0 | | 28 |
| March | 1161 | | 0 | | 30 |
| April | 1122 | | 0 | | 29 |
| May | 1122 | | 0 | | 29 |
| June | 1161 | | 0 | | 30 |
| July | 1200 | | 0 | | 31 |
| August | 1200 | | 0 | | 31 |
| September | 1161 | | 0 | | 30 |
| October | 1161 | | 0 | | 30 |
| November | 542 | | 0 | | 14 |
| December | 271 | | 0 | | 7 |
| ***TOTAL*** | 12385 | | 0 | | |

Submitted Electronically