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 # 34350
Name: Altavista Energy, Inc.
Address 1: 4595 K-33 HIGHWAY
Address 2: PO BOX 128
City: WELLSVILLE State: KS Zip: 66092 + ___ ___ ___ ___
Contact Person: Phillip Frick
Phone: ( 785 ) 883-4057
Lease Name: HOWELL-GORGES
Well Number: 6 W

API No.: 15-121-27099-00-00
Permit No: E21949.7
Reporting Year: 2018
*(January 1 to December 31)*

SW - NE - SE - NW Sec. 1 Twp. 18 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
1682 feet from ☐ N / ☑ S Line of Section
3281 feet from ☑ E / ☐ W Line of Section
County: Miami

**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: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 125 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 14 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 153 | 500 | 0 | 0 | 31 |
| February | 127 | 500 | 0 | 0 | 28 |
| March | 172 | 500 | 0 | 0 | 31 |
| April | 321 | 500 | 0 | 0 | 30 |
| May | 255 | 500 | 0 | 0 | 31 |
| June | 226 | 500 | 0 | 0 | 30 |
| July | 175 | 500 | 0 | 0 | 31 |
| August | 176 | 500 | 0 | 0 | 31 |
| September | 395 | 500 | 0 | 0 | 30 |
| October | 329 | 500 | 0 | 0 | 31 |
| November | 401 | 500 | 0 | 0 | 30 |
| December | 642 | 500 | 0 | 0 | 31 |
| ***TOTAL*** | 3372 | | 0 | | |

Submitted Electronically