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: JOHN FLAKE
Well Number: I-1

API No.: 15-121-31135-00-00
Permit No: E32333.1
Reporting Year: 2018
(January 1 to December 31)

___ - SE - SE - SE Sec. 8 Twp. 18 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
330 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: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	569	500	0	0	31
February	502	500	0	0	28
March	1099	500	0	0	31
April	353	500	0	0	30
May	353	500	0	0	31
June	475	500	0	0	30
July	590	500	0	0	31
August	525	500	0	0	31
September	330	500	0	0	30
October	599	500	0	0	31
November	625	500	0	0	30
December	792	500	0	0	31
TOTAL	6812		0		

Submitted Electronically