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: WINDLER
Well Number: AI-43

API No.: 15-121-31420-00-00
Permit No: E23543.24
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NW - NW Sec. 21 Twp. 18 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
4829 feet from ☐ N / ☑ S Line of Section
4813 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: 400 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 17 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	21	400	0	0	20
July	0	0	0	0	0
August	327	400	0	0	25
September	314	400	0	0	30
October	301	400	0	0	31
November	338	400	0	0	30
December	415	400	0	0	31
TOTAL	1716		0		

Submitted Electronically