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 # 35457
Name: Reata Petroleum LLC
Address 1: PO BOX 111
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + __ __ __ __
Contact Person: Kyler Finney
Phone: (918) 440-8878
Lease Name: PICKELL
Well Number: 545

API No.: 15-049-22415-00-01
Permit No: E30646.1
Reporting Year: 2018
(January 1 to December 31)

SE - SW - NE - SE Sec. 33 Twp. 28 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
910 feet from ☐ N / ☑ S Line of Section
1516 feet from ☑ E / ☐ W Line of Section
County: Elk

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: 200 psi Injection Zone: New Albany
Maximum Authorized Injection Rate: 500 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	620	40	0	0	31
February	560	40	0	0	28
March	620	40	0	0	31
April	600	40	0	0	30
May	620	40	0	0	31
June	600	40	0	0	30
July	620	40	0	0	31
August	620	40	0	0	31
September	600	40	0	0	30
October	620	40	0	0	31
November	600	40	0	0	30
December	620	40	0	0	31
TOTAL	7300		0		

Submitted Electronically