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 # 5474
Name: Northern Lights Oil Company, LLC
Address 1: PO BOX 164
Address 2:
City: ANDOVER State: KS Zip: 67002 + 0164
Contact Person: ROBERT SUTHERLAND
Phone: (316) 733-1515
Lease Name: PAKKEBIER
Well Number: 1

API No.: 15-065-22568-00-02
Permit No: D28401.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - NW Sec. 11 Twp. 6 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
3704 feet from ☐ N / ☑ S Line of Section
5162 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 800 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	3735	0	0	0	31
February	3374	0	0	0	28
March	3735	0	0	0	31
April	3615	0	0	0	30
May	3735	0	0	0	31
June	3615	0	0	0	30
July	3735	0	0	0	31
August	3735	0	0	0	31
September	3615	0	0	0	30
October	3735	0	0	0	31
November	3615	0	0	0	30
December	3735	0	0	0	31
TOTAL	43979		0		

Submitted Electronically