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 # 9501
Name: Faith Petroleum, Inc.
Address 1: PO BOX 1182
Address 2:
City: ARKANSAS CITY State: KS Zip: 67005 + 1182
Contact Person: Jim Warren
Phone: (620) 446-1115
Lease Name: CHAPMAN A
Well Number: A2

API No.: 15-191-21268-00-02
Permit No: D28651.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NE - NE Sec. 29 Twp. 34 S. R. 2 ☑ E ☐ W
(Q/Q/Q/Q)
4983 feet from ☐ N / ☑ S Line of Section
486 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: STALNAKER
Maximum Authorized Injection Rate: 2000 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	1300	0	0		31
February	1280	0	0		28
March	1400	0	0		31
April	1300	0	0		30
May	1400	0	0		31
June	1400	0	0		30
July	1420	0	0		31
August	1400	0	0		30
September	1380	0	0		30
October	1400	0	0		31
November	1380	0	0		30
December	1320	0	0		31
TOTAL	16380		0		

Submitted Electronically