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 # 34889
Name: Triple LLC
Address 1: 240 S. CHEYENNE
Address 2: PO BOX 545
City: ULYSSES State: KS Zip: 67880 + 0545
Contact Person: Tim Dieker
Phone: (620) 356-1259
Lease Name: MITCHELL
Well Number: 1-34

API No.: 15-129-20713-00-01
Permit No: D25986.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - SW - NW Sec. 34 Twp. 31 S. R. 41 ☐ E ☑ W
(Q/Q/Q/Q)
2695 feet from ☐ N / ☑ S Line of Section
4630 feet from ☑ E / ☐ W Line of Section
County: Morton

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: GLORIETTA
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	1200	0	0	0	30
February	960	0	0	0	28
March	1800	0	0	0	31
April	1560	0	0	0	30
May	1440	0	0	0	31
June	1800	0	0	0	30
July	1080	0	0	0	31
August	1200	0	0	0	31
September	1560	0	0	0	30
October	840	0	0	0	31
November	1560	0	0	0	30
December	1680	0	0	0	31
TOTAL	16680		0		

Submitted Electronically