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 # 32119
Name: Northern Natural Gas Co.
Address 1: 1111 S 103RD ST
Address 2: P O BOX 3330
City: OMAHA State: NE Zip: 68124 + 3330
Contact Person: Mike Loeffler
Phone: (402) 398-7274
Lease Name: TRUESDELL
Well Number: 11-07

API No.: 15-159-20611-00-00
Permit No: D18442.0
Reporting Year: 2019
(January 1 to December 31)

SE - SE - SW - NW Sec. 11 Twp. 20 S. R. 8 ☐ E ☑ W
(Q/Q/Q/Q)
2716 feet from ☐ N / ☑ S Line of Section
4262 feet from ☑ E / ☐ W Line of Section
County: Rice

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: ARBUCKLE
Maximum Authorized Injection Rate: 12000 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	101943	0	0		31
February	189767	0	0		28
March	112665	0	0		31
April	67899	0	0		30
May	97484	0	0		31
June	74772	0	0		30
July	78242	0	0		31
August	1442	0	0		1
September	0	0	0		0
October	0	0	0		0
November	0	0	0		0
December	1	0	0		1
TOTAL	724215		0		

Submitted Electronically