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 # 33335
Name: IA Operating, Inc.
Address 1: 785 W. COVELL ROAD, SUITE 200
Address 2:
City: EDMOND State: OK Zip: 73003 + 2389
Contact Person: Jonathan Allen
Phone: (316) 721-0036
Lease Name: CULLEY TRUST
Well Number: 33-3

API No.: 15-065-23400-00-01
Permit No: E31581.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SW - NW Sec. 33 Twp. 8 S. R. 25 ☐ E ☑ W
(Q/Q/Q/Q)
3900 feet from ☐ N / ☑ S Line of Section
4200 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: 500 psi Injection Zone: LANSING-KANSAS CITY
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	1089	100			31
February	980	100			28
March	951	100			31
April	1050	150			30
May	1085	150			31
June	1035	200			30
July	667	200			31
August	1415	250			31
September	1163	275			30
October	1174	275			31
November	1442	300			30
December	1530	350			31
TOTAL	13581		0		

Submitted Electronically