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 # 32883
Name: SO-I , a General Partnership
Address 1: 905 Grand Blvd
Address 2:
City: KANSAS CITY State: MO Zip: 64106 + 2006
Contact Person: Ron Shouse
Phone: ( 816 ) 842-1643
Lease Name: GRAFF
Well Number: 2

API No.: 15-205-22457-00-01
Permit No: E27906.1
Reporting Year: 2019
*(January 1 to December 31)*

NW - SW - SE - SE Sec. 8 Twp. 30 S. R. 15 ☑ E ☐ W
*(Q/Q/Q/Q)*
625 feet from ☐ N / ☑ S Line of Section
1125 feet from ☑ E / ☐ W Line of Section
County: Wilson

**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: BARTLESVILLE
Maximum Authorized Injection Rate: 200 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 | 0 | 0 | | | 31 |
| February | 0 | 0 | | | 28 |
| March | 30 | 1 | | | 31 |
| April | 60 | 50 | | | 30 |
| May | 40 | 1 | | | 31 |
| June | 100 | 50 | | | 30 |
| July | 180 | 100 | | | 31 |
| August | 120 | 80 | | | 31 |
| September | 40 | 1 | | | 30 |
| October | 0 | 0 | | | 31 |
| November | 100 | 90 | | | 30 |
| December | 25 | 1 | | | 31 |
| ***TOTAL*** | 695 | | 0 | | |

Submitted Electronically