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 # 9971
Name: Kodiak Petroleum, Inc.
Address 1: PO BOX 4677
Address 2:
City: ENGLEWOOD State: CO Zip: 80155 + 4677
Contact Person: Kent A. Johnson
Phone: (303) 790-7550
Lease Name: TINDALL/AKERS
Well Number: 2

API No.: 15-009-23175-00-00
Permit No: D23058.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - SW - NW Sec. 18 Twp. 18 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
2995 feet from ☐ N / ☑ S Line of Section
4390 feet from ☑ E / ☐ W Line of Section
County: Barton

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 66263 mg/l Specific Gravity: 1.0466 Additives:
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 400 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	600	0			30
February	560	0			28
March	600	0			30
April	600	0			30
May	580	0			29
June	580	0			29
July	600	0			30
August	620	0			31
September	580	0			29
October	560	0			28
November	600	0			30
December	620	0			31
TOTAL	7100		0		

Submitted Electronically