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 # 33099
Name: Inlan Oceans, LLC
Address 1: 3589 CR 1475
Address 2:
City: COFFEYVILLE State: KS Zip: 67337 + 9418
Contact Person: Donald Axthelm
Phone: (620) 252-5151
Lease Name: PLUMMER
Well Number: 8

API No.: 15-125-26871-00-01
Permit No: E23318.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SE - SW Sec. 8 Twp. 31 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
912 feet from ☐ N / ☑ S Line of Section
2843 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 300 psi Injection Zone: Squiral
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	5352	300	0		31
February	4858	300	0		28
March	5435	300	0		31
April	5290	300	0		30
May	5408	300	0		31
June	5258	300	0		30
July	5425	300	0		31
August	5410	300	0		31
September	5307	300	0		30
October	5430	300	0		31
November	5294	300	0		30
December	5384	300	0		31
TOTAL	63851		0		

Submitted Electronically