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 # 30537
Name: Venture Resources, Inc.
Address 1: PO BOX 101234
Address 2:
City: DENVER State: CO Zip: 80250 + 1234
Contact Person: Manda Weien
Phone: (303) 722-2899
Lease Name: SIMPON D
Well Number: 5

API No.: 15-051-23913-00-02
Permit No: E25334.1
Reporting Year: 2019
(January 1 to December 31)

SW - NE - NE - ____ Sec. 9 Twp. 11 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4352 feet from ☐ N / ☑ S Line of Section
983 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 1900 psi Injection Zone: Conglomerate
Maximum Authorized Injection Rate: 750 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	7287	1400	0	0	31
February	6582	1400	0	0	28
March	7287	1400	0	0	31
April	6125	1400	0	0	30
May	7053	1400	0	0	31
June	6954	1400	0	0	30
July	6667	1400	0	0	31
August	6369	1400	0	0	31
September	6164	1400	0	0	30
October	1964	1400	0	0	31
November	6212	1400	0	0	30
December	6507	1400	0	0	31
TOTAL	75171		0		

Submitted Electronically