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 # 5011
Name: Viking Resources, Inc
Address 1: 400 N WOODLAWN ST, STE 18
Address 2:
City: WICHITA State: KS Zip: 67208 + 4333
Contact Person: Shawn Devlin
Phone: (316) 262-2502
Lease Name: ST PETER UNIT
Well Number: 1-4

API No.: 15-009-04269-00-01
Permit No: E11909.1
Reporting Year: 2019
(January 1 to December 31)

____ - SE - SW - NE Sec. 32 Twp. 18 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
2973 feet from ☐ N / ☑ S Line of Section
1738 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: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 1500 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 600 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	0		0
February	0	0	0		0
March	0	0	0		0
April	1180	1500	0		20
May	1760	1500	0		30
June	1760	1500	0		30
July	3677	1500	0		31
August	1577	1500	0		30
September	330	1500	0		9
October	0	0	0		0
November	0	0	0		0
December	3404	1500	0		28
TOTAL	13688		0		

Submitted Electronically