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 # 30163
Name: Great Plains Petroleum, Inc.
Address 1: 221 CIRCLE DR
Address 2:
City: WICHITA State: KS Zip: 67218 + 1207
Contact Person: Rod Phares
Phone: (316) 685-8800
Lease Name: TURNER
Well Number: 1

API No.: 15-055-21186-00-01
Permit No: D28548.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - NE Sec. 4 Twp. 25 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
3899 feet from ☐ N / ☑ S Line of Section
2270 feet from ☑ E / ☐ W Line of Section
County: Finney

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: 50 psi Injection Zone: CHASE,COUNCIL GROVE
Maximum Authorized Injection Rate: 100 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	0	0	0		0
May	0	0	0		0
June	0	0	0		0
July	0	0	0		0
August	960	0	0		30
September	960	0	0		30
October	0	0	0		0
November	0	0	0		0
December	0	0	0		0
TOTAL	1920		0		

Submitted Electronically