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 # 5474
Name: Northern Lights Oil Company, LLC
Address 1: PO BOX 164
Address 2:
City: ANDOVER State: KS Zip: 67002 + 0164
Contact Person: ROBERT SUTHERLAND
Phone: ( 316 ) 733-1515
Lease Name: HARMS KENDALL
Well Number: 4

API No.: 15-135-20155-00-00
Permit No: D14641.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - ____ - NW - SW Sec. 10 Twp. 16 S. R. 21 ☐ E ☑ W
*(Q/Q/Q/Q)*
1973 feet from ☐ N / ☑ S Line of Section
4470 feet from ☑ E / ☐ W Line of Section
County: Ness

**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: 100 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 1000 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 | 4226 | 0 | 0 | 0 | 31 |
| February | 4000 | 0 | 0 | 0 | 29 |
| March | 4112 | 0 | 0 | 0 | 31 |
| April | 4041 | 0 | 0 | 0 | 30 |
| May | 3775 | 0 | 0 | 0 | 31 |
| June | 4130 | 0 | 0 | 0 | 30 |
| July | 2400 | 0 | 0 | 0 | 31 |
| August | 4235 | 0 | 0 | 0 | 31 |
| September | 4102 | 0 | 0 | 0 | 30 |
| October | 4340 | 0 | 0 | 0 | 31 |
| November | 4200 | 0 | 0 | 0 | 30 |
| December | 4340 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 47901 | | 0 | | |

Submitted Electronically