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 # 35470
Name: SLO Oil, LLC
Address 1: PO BOX 1312
Address 2:
City: EL DORADO State: KS Zip: 67042 + 1312
Contact Person: LONNIE OWENS
Phone: ( 316 ) 321-2275
Lease Name: SMITH
Well Number: 2 TWIN

API No.: 15-015-22453-00-00
Permit No: D22517.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - SE - NW - SE Sec. 5 Twp. 26 S. R. 5 ☑ E ☐ W
*(Q/Q/Q/Q)*
1501 feet from ☐ N / ☑ S Line of Section
1724 feet from ☑ E / ☐ W Line of Section
County: Butler

**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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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 | 9300 | 0 | 0 | | 31 |
| February | 8700 | 0 | 0 | | 29 |
| March | 9300 | 0 | 0 | | 31 |
| April | 9000 | 0 | 0 | | 30 |
| May | 9300 | 0 | 0 | | 31 |
| June | 9000 | 0 | 0 | | 30 |
| July | 9300 | 0 | 0 | | 31 |
| August | 9300 | 0 | 0 | | 31 |
| September | 9000 | 0 | 0 | | 30 |
| October | 9300 | 0 | 0 | | 31 |
| November | 9000 | 0 | 0 | | 30 |
| December | 9300 | 0 | 0 | | 31 |
| ***TOTAL*** | 109800 | | 0 | | |

Submitted Electronically