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 # 34586
Name: ST Petroleum, Inc.
Address 1: 18800 SUNFLOWER RD
Address 2:
City: EDGERTON State: KS Zip: 66021 + 9774
Contact Person: Lesli Baker
Phone: ( 913 ) 638-6398
Lease Name: THOMAS A
Well Number: I-13

API No.: 15-091-23651-00-00
Permit No: E31051.13
Reporting Year: 2020
*(January 1 to December 31)*

NE - SE - NE - ____ Sec. 29 Twp. 14 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
3406 feet from ☐ N / ☑ S Line of Section
450 feet from ☑ E / ☐ W Line of Section
County: Johnson

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Bartlesville
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 | 603 | 540 | 0 | 0 | 31 |
| February | 549 | 540 | 0 | 0 | 29 |
| March | 241 | 540 | 0 | 0 | 31 |
| April | 0 | 0 | 0 | 0 | 30 |
| May | 0 | 0 | 0 | 0 | 31 |
| June | 0 | 0 | 0 | 0 | 30 |
| July | 389 | 540 | 0 | 0 | 31 |
| August | 606 | 540 | 0 | 0 | 31 |
| September | 560 | 540 | 0 | 0 | 30 |
| October | 538 | 540 | 0 | 0 | 31 |
| November | 511 | 540 | 0 | 0 | 30 |
| December | 492 | 540 | 0 | 0 | 31 |
| ***TOTAL*** | 4489 | | 0 | | |

Submitted Electronically