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 # 35625
Name: Talon Group LLC
Address 1: PO BOX 700
Address 2:
City: HAYS State: KS Zip: 67601 + 0700
Contact Person: Jason Clark
Phone: (785) 656-2644
Lease Name: STAAB
Well Number: 10 SWD

API No.: 15-051-06666-00-02
Permit No: D03060.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - NE Sec. 11 Twp. 12 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
4643 feet from ☐ N / ☑ S Line of Section
1702 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 800 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	16755	0	0	0	31
February	15134	0	0	0	28
March	16755	0	0	0	31
April	16215	0	0	0	30
May	16755	0	0	0	31
June	16215	0	0	0	30
July	16755	0	0	0	31
August	16755	0	0	0	31
September	16215	0	0	0	30
October	16755	0	0	0	31
November	16215	0	0	0	30
December	16755	0	0	0	31
TOTAL	197279		0		

Submitted Electronically