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 # 34310
Name: New Age Oil LLC
Address 1: 1563 RIDGE RD
Address 2:
City: HAYS State: KS Zip: 67601 + 1010
Contact Person: Travis Rozean
Phone: (785) 623-0473
Lease Name: SMITH C
Well Number: 6

API No.: 15-065-21003-00-00
Permit No: D19355.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - NE - NW Sec. 5 Twp. 10 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
4246 feet from ☐ N / ☑ S Line of Section
3682 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2500 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	29500				31
February	29000				29
March	24000				31
April	23000				30
May	23500				31
June	24000				30
July	23000				31
August	28500				31
September	28000				30
October	29000				31
November	26000				30
December	26000				31
TOTAL	313500		0		

Submitted Electronically