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 # 33335
Name: IA Operating, Inc.
Address 1: 785 W. COVELL ROAD, SUITE 200
Address 2:
City: EDMOND State: OK Zip: 73003 + 2389
Contact Person: Jonathan Allen
Phone: ( 316 ) 721-0036
Lease Name: LOU ANN
Well Number: 31-1

API No.: 15-167-23234-00-01
Permit No: D28303.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - NE - SW - SW Sec. 31 Twp. 11 S. R. 15 ☐ E ☑ W
*(Q/Q/Q/Q)*
928 feet from ☐ N / ☑ S Line of Section
4204 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: 600 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 | 474 | 0 | | | 31 |
| February | 438 | 0 | | | 29 |
| March | 473 | 0 | | | 31 |
| April | 125 | 0 | | | 21 |
| May | 0 | 0 | | | 0 |
| June | 477 | 0 | | | 30 |
| July | 426 | 0 | | | 31 |
| August | 364 | 0 | | | 31 |
| September | 359 | 0 | | | 30 |
| October | 339 | 0 | | | 31 |
| November | 380 | 0 | | | 30 |
| December | 389 | 0 | | | 31 |
| ***TOTAL*** | 4244 | | 0 | | |

Submitted Electronically