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 # 31119
Name: Lone Wolf Oil & Gas Co., LLC
Address 1: PO BOX 241
Address 2:
City: MOLINE State: KS Zip: 67353 + 0241
Contact Person: Rob Wolfe
Phone: (620) 647-3626
Lease Name: CAIN
Well Number: 1

API No.: 15-049-22599-00-02
Permit No: E32839.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NE - SW Sec. 36 Twp. 30 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
1977 feet from ☐ N / ☑ S Line of Section
2973 feet from ☑ E / ☐ W Line of Section
County: Elk

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: 300 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1200 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	7350				31
February	7000				29
March	7250				30
April	7100				30
May	7390				31
June	7160				30
July	16300				31
August	16000				31
September	15700				30
October	16200				31
November	15900				30
December	16000				31
TOTAL	139350		0		

Submitted Electronically