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 # 31788
Name: Veenker Resources, Inc.
Address 1: PO BOX 14339
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73113 + 0339
Contact Person: Tammy Andrea
Phone: (405) 751-1414
Lease Name: MEDCALF
Well Number: 4A

API No.: 15-011-23001-00-00
Permit No: E24503.11
Reporting Year: 2020
(January 1 to December 31)

NE - NW - NW - ____ Sec. 7 Twp. 24 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4865 feet from ☐ N / ☑ S Line of Section
4251 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 550 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 50 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	1000	300	0	0	31
February	1000	300	0	0	29
March	800	300	0	0	31
April	800	300	0	0	30
May	800	300	0	0	31
June	800	300	0	0	30
July	1000	300	0	0	31
August	800	300	0	0	31
September	1000	300	0	0	30
October	1000	300	0	0	31
November	1000	300	0	0	30
December	800	300	0	0	31
TOTAL	10800		0		

Submitted Electronically