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 # 31652
Name: Norstar Petroleum, Inc.
Address 1: 88 INVERNESS CIR E. UNIT F104
Address 2:
City: ENGLEWOOD State: CO Zip: 80112 + 5514
Contact Person: Brady Pfeiffer
Phone: (303) 925-0696
Lease Name: ROBERT WIMMER
Well Number: 3

API No.: 15-033-20538-00-01
Permit No: E25103.1
Reporting Year: 2020
(January 1 to December 31)

____ - S2 - NE - SE Sec. 35 Twp. 33 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
1834 feet from ☐ N / ☑ S Line of Section
651 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 1200 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 1500 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	0				
February	0				
March	0				
April	0				
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
TOTAL	0		0		

Submitted Electronically