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 # 34352
Name: N-10 Exploration, LLC
Address 1: 124 N MAIN
Address 2: PO BOX 195
City: ATTICA State: KS Zip: 67009 + 0195
Contact Person: Derek Newberry
Phone: (620) 254-7251
Lease Name: ALBRIGHT
Well Number: 1

API No.: 15-077-10076-00-01
Permit No: D05153.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SE - SW Sec. 17 Twp. 31 S. R. 8 ☐ E ☑ W
(Q/Q/Q/Q)
1040 feet from ☐ N / ☑ S Line of Section
3640 feet from ☑ E / ☐ W Line of Section
County: Harper

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1000 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	7000				31
February	6500				29
March	6000				31
April	5500				30
May	2500				31
June	2700				30
July	2000				31
August	2500				31
September	2500				30
October	3000				31
November	2500				30
December	3000				31
TOTAL	45700		0		

Submitted Electronically