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: Dustin Newberry
Phone: (620) 254-7251
Lease Name: MEDICINE RIVER RANCH
Well Number: SWD E

API No.: 15-007-00140-00-01
Permit No: D30679.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - NE Sec. 22 Twp. 34 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4941 feet from ☐ N / ☑ S Line of Section
1001 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 5000 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	48980				31
February	45820				29
March	48980				31
April	47400				30
May	48980				31
June	47400				30
July	48980				31
August	48980				31
September	47400				30
October	48980				31
November	47400				30
December	48980				31
TOTAL	578280		0		

Submitted Electronically