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 # 32198
Name: PetroSantander (USA) Inc.
Address 1: 675 BERING DRIVE STE 350
Address 2:
City: HOUSTON State: TX Zip: 77057 + 2268
Contact Person: Bill Aspinwall
Phone: ( 713 ) 784-8700
Lease Name: MCFERREN-NEELY UNIT
Well Number: 1

API No.: 15-055-21789-00-00
Permit No: E27870.4
Reporting Year: 2020
(January 1 to December 31)

____ - S2 - S2 - SE Sec. 33 Twp. 23 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
427 feet from ☐ N / ☑ S Line of Section
1298 feet from ☑ E / ☐ W Line of Section
County: Finney

**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: 1500 psi Injection Zone: MORROW
Maximum Authorized Injection Rate: 2000 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 | 27777 | 850 | | | 31 |
| February | 26311 | 850 | | | 29 |
| March | 12401 | 850 | | | 26 |
| April | 0 | 0 | | | 0 |
| May | 0 | 0 | | | 0 |
| June | 0 | 0 | | | 0 |
| July | 0 | 0 | | | 0 |
| August | 0 | 0 | | | 0 |
| September | 0 | 0 | | | 0 |
| October | 0 | 0 | | | 0 |
| November | 0 | 0 | | | 0 |
| December | 0 | 0 | | | 0 |
| ***TOTAL*** | 66489 | | 0 | | |

Submitted Electronically