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 # 34975
Name: StrataKan Exploration, LLC
Address 1: 100 S MAIN ST
Address 2:
City: PLAINVILLE State: KS Zip: 67663 + 2234
Contact Person: Justin Prater
Phone: ( 785 ) 688-4241
Lease Name: FANSHIER
Well Number: 1-5

API No.: 15-185-23226-00-00
Permit No: D28377.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - SE - SW - NW Sec. 5 Twp. 22 S. R. 13 ☐ E ☑ W
*(Q/Q/Q/Q)*
2803 feet from ☐ N / ☑ S Line of Section
4117 feet from ☑ E / ☐ W Line of Section
County: Stafford

**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: 200 psi Injection Zone: ARBUCKLE
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 | 0 | 0 | | | 31 |
| February | 0 | 0 | | | 29 |
| March | 0 | 0 | | | 31 |
| April | 0 | 0 | | | 30 |
| May | 0 | 0 | | | 31 |
| June | 0 | 0 | | | 30 |
| July | 0 | 0 | | | 31 |
| August | 0 | 0 | | | 31 |
| September | 0 | 0 | | | 30 |
| October | 0 | 0 | | | 31 |
| November | 0 | 0 | | | 30 |
| December | 0 | 0 | | | 31 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically