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 # 34569
Name: Sonoma Resources LLC
Address 1: PO BOX 731
Address 2:
City: ANDOVER State: KS Zip: 67002 + 0731
Contact Person: Dan Flowers
Phone: (316) 208-7590
Lease Name: JOHNSON 21
Well Number: 2-A

API No.: 15-015-22961-00-01
Permit No: D30585.0
Reporting Year: 2020
(January 1 to December 31)

____ - E2 - NW - SW Sec. 21 Twp. 25 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
1980 feet from ☐ N / ☑ S Line of Section
4290 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 400 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	0	0			0
February	0	0			0
March	0	0			0
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	300	0			30
December	320	0			31
TOTAL	620		0		

Submitted Electronically