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: HAMILTON
Well Number: 5

API No.: 15-015-20255-00-01
Permit No: E15546.1
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - NE Sec. 33 Twp. 25 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
5006 feet from ☐ N / ☑ S Line of Section
1135 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: 750 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 750 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	1200	0			28
March	1500	0			31
April	1400	0			30
May	1500	0			31
June	0	0			0
July	0	0			0
August	0	0			0
September	0	0			0
October	1500	0			31
November	1400	0			30
December	1500	0			31
TOTAL	10000		0		

Submitted Electronically