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 # 35647
Name: Northstar Production, LLC
Address 1: 192 2951 LANE
Address 2:
City: NIOTAZE State: KS Zip: 67355 + 5501
Contact Person: Shane Vernon
Phone: (620) 515-0598
Lease Name: THORNE
Well Number: 4

API No.: 15-019-23126-00-02
Permit No: E32750.1
Reporting Year: 2020
(January 1 to December 31)

NE - SW - NW - SW Sec. 8 Twp. 34 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
1823 feet from ☐ N / ☑ S Line of Section
4908 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 450 psi Injection Zone: RED SAND
Maximum Authorized Injection Rate: 200 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	250	0	0	0
February	0	250	0	0	0
March	0	250	0	0	0
April	0	250	0	0	0
May	0	250	0	0	0
June	0	250	0	0	0
July	0	250	0	0	0
August	0	250	0	0	0
September	0	250	0	0	0
October	0	250	0	0	0
November	0	250	0	0	0
December	0	250	0	0	0
TOTAL	0		0		

Submitted Electronically