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 # 32825
Name: Pioneer Exploration, LLC
Address 1: 1900 St. James Place
Address 2: Suite 800
City: HOUSTON State: TX Zip: 77056 + ___ ___ ___ ___
Contact Person: BABAR CHAUDHARY
Phone: (281) 893-9400
Lease Name: MARTIN
Well Number: A-6

API No.: 15-077-00884-00-02
Permit No: E25658.1
Reporting Year: 2020
(January 1 to December 31)

___ - NE - SW - NE Sec. 23 Twp. 31 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
3630 feet from ☐ N / ☑ S Line of Section
1650 feet from ☑ E / ☐ W Line of Section
County: Harper

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: 500 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 1800 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	4704	0	0	0	31
February	4049	0	0	0	29
March	4617	0	0	0	31
April	3982	0	0	0	30
May	4692	0	0	0	31
June	4524	0	0	0	30
July	4475	0	0	0	31
August	4849	0	0	0	31
September	4445	0	0	0	30
October	4619	0	0	0	31
November	4135	0	0	0	30
December	4051	0	0	0	31
TOTAL	53142		0		

Submitted Electronically