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 # 35663
Name: Petrodome Operating, LLC
Address 1: 15915 KATY FREEWAY SUITE 450
Address 2:
City: HOUSTON State: TX Zip: 77094 + 1717
Contact Person: JAMILA CURRIN
Phone: (903) 808-3492
Lease Name: STAHL
Well Number: AI-11

API No.: 15-121-30998-00-00
Permit No: E31866.8
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - SW Sec. 17 Twp. 16 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
2327 feet from ☐ N / ☑ S Line of Section
4556 feet from ☑ E / ☐ W Line of Section
County: Miami

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: SQUIRREL 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	465	450	0	0	31
February	420	450	0	0	28
March	465	450	0	0	31
April	450	450	0	0	30
May	465	450	0	0	31
June	450	450	0	0	30
July	465	450	0	0	31
August	465	450	0	0	31
September	450	450	0	0	30
October	465	450	0	0	31
November	450	450	0	0	30
December	465	450	0	0	31
TOTAL	5475		0		

Submitted Electronically