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: LW
Well Number: I-5

API No.: 15-121-30165-00-00
Permit No: E32031.6
Reporting Year: 2020
*(January 1 to December 31)*

SE - SW - NW - NE Sec. 4 Twp. 18 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
4261 feet from ☐ N / ☑ S Line of Section
2294 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: 700 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 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