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 # 33982
Name: Alton Oil LLC
Address 1: PO BOX 117
Address 2: P.O. Box 117
City: WINFIELD State: KS Zip: 67156 + 0117
Contact Person: Michael A. Pressnall
Phone: (620) 221-4268
Lease Name: GODFREY
Well Number: 1

API No.: 15-035-23733-00-02
Permit No: E32450.1
Reporting Year: 2021
(January 1 to December 31)

SW - NW - NE - SW Sec. 16 Twp. 30 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
2160 feet from ☐ N / ☑ S Line of Section
3810 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 300 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 2000 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	200	0	0	0	31
February	250	0	0	0	28
March	375	0	0	0	31
April	250	0	0	0	30
May	175	0	0	0	31
June	275	0	0	0	30
July	300	0	0	0	31
August	275	0	0	0	31
September	300	0	0	0	30
October	250	0	0	0	31
November	275	0	0	0	30
December	250	0	0	0	31
TOTAL	3175		0		

Submitted Electronically