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: KENNA
Well Number: 2 SWD

API No.: 15-035-22442-00-01
Permit No: D33037.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SE - SW Sec. 8 Twp. 33 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
2970 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: 250 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 2500 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	4500	0	0	0	31
February	4000	0	0	0	28
March	4250	0	0	0	31
April	4200	0	0	0	30
May	3850	0	0	0	31
June	3950	0	0	0	30
July	4000	0	0	0	31
August	4400	0	0	0	31
September	3750	0	0	0	30
October	3875	0	0	0	31
November	3950	0	0	0	30
December	500	0	0	0	3
TOTAL	45225		0		

Submitted Electronically