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 # 31938
Name: Indian Oil Co., Inc.
Address 1: 308 S. Main St.
Address 2: PO BOX 209
City: MEDICINE LODGE State: KS Zip: 67104 + 0209
Contact Person: Joscelyn Nittler
Phone: (620) 886-3763
Lease Name: PARKER
Well Number: 5

API No.: 15-135-25029-00-00
Permit No: D30634.0
Reporting Year: 2021
(January 1 to December 31)

SE - NE - NW - NW Sec. 25 Twp. 18 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
450 feet from ☑ N / ☐ S Line of Section
1020 feet from ☐ E / ☑ W Line of Section
County: Ness

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: 0 psi Injection Zone: Arbuckle/Viola
Maximum Authorized Injection Rate: 4000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	12276	0	0	0	31
February	8280	0	0	0	28
March	11391	0	0	0	31
April	10706	0	0	0	30
May	10767	0	0	0	31
June	11096	0	0	0	30
July	11311	0	0	0	31
August	11564	0	0	0	31
September	11130	0	0	0	30
October	11401	0	0	0	31
November	11100	0	0	0	30
December	10734	0	0	0	31
TOTAL	131756		0		

Submitted Electronically