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: MCWHIRTER
Well Number: 3

API No.: 15-101-20490-00-00
Permit No: D20092.0
Reporting Year: 2021
*(January 1 to December 31)*

____ - SE - NE - SW Sec. 10 Twp. 19 S. R. 29 ☐ E ☑ W
*(Q/Q/Q/Q)*
1720 feet from ☐ N / ☑ S Line of Section
3008 feet from ☑ E / ☐ W Line of Section
County: Lane

**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: Lansing Group -Cedar Hills
Maximum Authorized Injection Rate: 500 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 | 899 | 0 | 0 | 0 | 31 |
| February | 448 | 0 | 0 | 0 | 28 |
| March | 899 | 0 | 0 | 0 | 31 |
| April | 870 | 0 | 0 | 0 | 30 |
| May | 775 | 0 | 0 | 0 | 31 |
| June | 870 | 0 | 0 | 0 | 30 |
| July | 899 | 0 | 0 | 0 | 31 |
| August | 899 | 0 | 0 | 0 | 31 |
| September | 870 | 0 | 0 | 0 | 30 |
| October | 868 | 0 | 0 | 0 | 31 |
| November | 870 | 0 | 0 | 0 | 30 |
| December | 899 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 10066 | | 0 | | |

Submitted Electronically