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: MAIER
Well Number: 1

API No.: 15-135-00443-00-01
Permit No: E25248.1
Reporting Year: 2021
*(January 1 to December 31)*

____ - ____ - SW - SW Sec. 25 Twp. 18 S. R. 24 ☐ E ☑ W
*(Q/Q/Q/Q)*
745 feet from ☐ N / ☑ S Line of Section
4563 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: 500 psi Injection Zone: Mississipian
Maximum Authorized Injection Rate: 1000 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 | 6161 | 0 | 0 | 0 | 31 |
| February | 5410 | 0 | 0 | 0 | 28 |
| March | 5919 | 0 | 0 | 0 | 31 |
| April | 6011 | 0 | 0 | 0 | 30 |
| May | 6227 | 0 | 0 | 0 | 31 |
| June | 5862 | 0 | 0 | 0 | 30 |
| July | 5954 | 0 | 0 | 0 | 31 |
| August | 6199 | 0 | 0 | 0 | 31 |
| September | 5774 | 0 | 0 | 0 | 30 |
| October | 6147 | 0 | 0 | 0 | 31 |
| November | 5992 | 0 | 0 | 0 | 30 |
| December | 6033 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 71689 | | 0 | | |

Submitted Electronically