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 # 31119
Name: Lone Wolf Oil & Gas Co., LLC
Address 1: PO BOX 241
Address 2:
City: MOLINE State: KS Zip: 67353 + 0241
Contact Person: Rob Wolfe
Phone: (620) 647-3626
Lease Name: WALKER TRUST
Well Number: 3

API No.: 15-019-26096-00-01
Permit No: E26328.3
Reporting Year: 2021
(January 1 to December 31)

SE - SE - NW - NE Sec. 1 Twp. 32 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
3963 feet from ☐ N / ☑ S Line of Section
1379 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 750 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 900 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	4055				31
February	4000				28
March	1015				30
April	4060				30
May	4150				31
June	4080				30
July	4195				31
August	4185				31
September	4175				30
October	4280				31
November	4220				30
December	4180				31
TOTAL	46595		0		

Submitted Electronically