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 # 9501
Name: Faith Petroleum, Inc.
Address 1: PO BOX 1182
Address 2:
City: ARKANSAS CITY State: KS Zip: 67005 + 1182
Contact Person: David Warren
Phone: ( 620 ) 441-7496
Lease Name: J WARREN
Well Number: 1

API No.: 15-035-02001-00-00
Permit No: D05484.0
Reporting Year: 2021
*(January 1 to December 31)*

NE - SE - SW - NW Sec. 15 Twp. 35 S. R. 5 ☑ E ☐ W
*(Q/Q/Q/Q)*
3086 feet from ☐ N / ☑ S Line of Section
4262 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: 75 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 550 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 | 3400 | 0 | 0 | | 31 |
| February | 3300 | 0 | 0 | | 28 |
| March | 3450 | 0 | 0 | | 31 |
| April | 3250 | 0 | 0 | | 30 |
| May | 3400 | 0 | 0 | | 31 |
| June | 3500 | 0 | 0 | | 30 |
| July | 3550 | 0 | 0 | | 31 |
| August | 3410 | 0 | 0 | | 31 |
| September | 3360 | 0 | 0 | | 30 |
| October | 3420 | 0 | 0 | | 31 |
| November | 3510 | 0 | 0 | | 30 |
| December | 3410 | 0 | 0 | | 31 |
| ***TOTAL*** | 40960 | | 0 | | |

Submitted Electronically