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 # 34412
Name: Inferno Energy
Address 1: 1353 105TH RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5175
Contact Person: Wacey Douglas
Phone: (620) 496-9868
Lease Name: LORANCE A
Well Number: 4

API No.: 15-207-24974-00-01
Permit No: E24328.4
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SE - SW Sec. 25 Twp. 26 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1094 feet from ☐ N / ☑ S Line of Section
3143 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	200	0	0	31
February	0	200	0	0	28
March	10	200	0	0	31
April	20	200	0	0	30
May	20	200	0	0	31
June	20	200	0	0	30
July	15	200	0	0	31
August	10	200	0	0	31
September	5	200	0	0	30
October	0	200	0	0	31
November	0	200	0	0	30
December	0	200	0	0	31
TOTAL	100		0		

Submitted Electronically