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 # 35588
Name: Little Chief Energy Corporation
Address 1: PO BOX 965
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 0965
Contact Person: Keaton Boles
Phone: ( 620 ) 988-0136
Lease Name: FULSOM B
Well Number: 1 INJ

API No.: 15-019-27534-00-00
Permit No: E32346.1
Reporting Year: 2021
*(January 1 to December 31)*

W2 - E2 - NW - NE Sec. 17 Twp. 33 S. R. 10 ☑ E ☐ W
*(Q/Q/Q/Q)*
4622 feet from ☐ N / ☑ S Line of Section
1827 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: 700 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 800 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 | 0 | | | | |
| February | 0 | | | | |
| March | 0 | | | | |
| April | 4400 | | | | 30 |
| May | 4650 | | | | 31 |
| June | 4400 | | | | 30 |
| July | 4650 | | | | 31 |
| August | 4650 | | | | 31 |
| September | 4400 | | | | 30 |
| October | 4650 | | | | 31 |
| November | | | | | |
| December | | | | | |
| ***TOTAL*** | 31800 | | 0 | | |

Submitted Electronically