

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: STAFFORD
Well Number: LAM - 1

API No.: 15-019-26943-00-01
Permit No: E05477.5
Reporting Year: 2022
(January 1 to December 31)
____ - SE - SW - NE Sec. 8 Twp. 34 S. R. 12 ☒ E ☐ W
(a/a/a/a)
2997 feet from ☐ N / ☒ S Line of Section
1473 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: 500 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 600 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	<u>4650</u>	_____	_____	_____	<u>31</u>
	February	<u>4200</u>	_____	_____	_____	<u>28</u>
	March	<u>4650</u>	_____	_____	_____	<u>31</u>
	April	<u>4500</u>	_____	_____	_____	<u>30</u>
	May	<u>4650</u>	_____	_____	_____	<u>31</u>
	June	<u>1050</u>	_____	_____	_____	<u>7</u>
	July	<u>0</u>	_____	_____	_____	_____
	August	<u>0</u>	_____	_____	_____	_____
	September	<u>0</u>	_____	_____	_____	_____
	October	<u>0</u>	_____	_____	_____	_____
	November	<u>0</u>	_____	_____	_____	_____
	December	<u>0</u>	_____	_____	_____	_____
	TOTAL	<u>23700</u>	_____	<u>0</u>	_____	_____

Submitted Electronically