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 # 31938
Name: Indian Oil Co., Inc.
Address 1: 308 S. Main St.
Address 2: PO BOX 209
City: MEDICINE LODGE State: KS Zip: 67104 + 0209
Contact Person: Joscelyn Nittler
Phone: (620) 886-3763
Lease Name: MAIER
Well Number: 1

API No.: 15-135-00443-00-01
Permit No: E25248.1
Reporting Year: 2022
(January 1 to December 31)

____ - ____ - SW - SW Sec. 25 Twp. 18 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
745 feet from ☐ N / ☑ S Line of Section
4563 feet from ☑ E / ☐ W Line of Section
County: Ness

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: Mississippian
Maximum Authorized Injection Rate: 1000 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	10063	0	0	0	31
February	10063	0	0	0	28
March	9309	0	0	0	31
April	10063	0	0	0	30
May	10063	0	0	0	31
June	10063	0	0	0	30
July	10063	0	0	0	31
August	10063	0	0	0	31
September	10063	0	0	0	30
October	10063	0	0	0	31
November	7366	0	0	0	30
December	10063	0	0	0	31
TOTAL	117305		0		

Submitted Electronically