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 # 35822
Name: Prairie Wolf Operating, LLC
Address 1: PO BOX 1447
Address 2:
City: STILWELL State: OK Zip: 74960 + 1447
Contact Person: Jessica Fullerton
Phone: (918) 410-0046
Lease Name: SHOFFNER SWD
Well Number: 12-1

API No.: 15-155-21761-00-00
Permit No: D32784.0
Reporting Year: 2023
(January 1 to December 31)

SW - NE - SE - SE Sec. 12 Twp. 25 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
775 feet from ☐ N / ☑ S Line of Section
380 feet from ☑ E / ☐ W Line of Section
County: Reno

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: 250 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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				0
February	0				0
March	0				0
April	0				0
May	0				0
June	0				0
July	0				0
August	0				0
September	0				0
October	0				0
November	0				0
December	0				0
TOTAL	0		0		

Submitted Electronically