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 # 5822
Name: Val Energy, Inc.
Address 1: 125 N MARKET ST STE 1110
Address 2:
City: WICHITA State: KS Zip: 67202 + 1728
Contact Person: Dustin Wyer
Phone: ( 316 ) 263-6688
Lease Name: STANDIFORD
Well Number: SWD

API No.: 15-035-23724-00-01
Permit No: D31572.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - E2 - E2 - E2 Sec. 25 Twp. 32 S. R. 5 ☑ E ☐ W
*(Q/Q/Q/Q)*
2640 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Cowley

**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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 8000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 47400 | 0 | 0 | 0 | 31 |
| February | 48955 | 0 | 0 | 0 | 28 |
| March | 48200 | 0 | 0 | 0 | 31 |
| April | 46985 | 0 | 0 | 0 | 30 |
| May | 38175 | 0 | 0 | 0 | 31 |
| June | 39090 | 0 | 0 | 0 | 30 |
| July | 42365 | 0 | 0 | 0 | 31 |
| August | 42545 | 0 | 0 | 0 | 31 |
| September | 35775 | 0 | 0 | 0 | 30 |
| October | 42545 | 0 | 0 | 0 | 31 |
| November | 39090 | 0 | 0 | 0 | 30 |
| December | 42545 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 513670 | | 0 | | |

Submitted Electronically