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 # 3182
Name: NPF Energy Corporation
Address 1: PO BOX 8823
Address 2:
City: BOISE State: ID Zip: 83708 + 8823
Contact Person: PAT H COCHRAN
Phone: (714) 227-3702
Lease Name: QUINN
Well Number: 2

API No.: 15-015-20930-00-00
Permit No: E19092.1
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NW - SE Sec. 2 Twp. 25 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
1703 feet from ☐ N / ☑ S Line of Section
1675 feet from ☑ E / ☐ W Line of Section
County: Butler

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	250	0	0	0
February	0	250	0	0	0
March	0	250	0	0	0
April	0	250	0	0	0
May	0	250	0	0	0
June	0	250	0	0	0
July	0	250	0	0	0
August	0	250	0	0	0
September	0	250	0	0	0
October	0	250	0	0	0
November	0	250	0	0	0
December	0	250	0	0	0
TOTAL	0		0		

Submitted Electronically