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 # 31119
Name: Lone Wolf Oil & Gas Co., LLC
Address 1: PO BOX 241
Address 2:
City: MOLINE State: KS Zip: 67353 + 0241
Contact Person: Rob Wolfe
Phone: (620) 647-3626
Lease Name: CAIN
Well Number: 1

API No.: 15-049-22599-00-02
Permit No: E32839.1
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NE - SW Sec. 36 Twp. 30 S. R. 9 ☑ E ☐ W
(Q/Q/Q/Q)
1977 feet from ☐ N / ☑ S Line of Section
2973 feet from ☑ E / ☐ W Line of Section
County: Elk

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: 300 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1200 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	7500				31
February	7463				28
March	7496				31
April	7416				30
May	7400				31
June	7362				30
July	7386				31
August	7322				31
September	7346				30
October	7396				31
November	7325				30
December	7391				31
TOTAL	88803		0		

Submitted Electronically