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: VERA
Well Number: SWD

API No.: 15-007-22012-00-01
Permit No: D31377.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SW - SE Sec. 30 Twp. 31 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
355 feet from ☐ N / ☑ S Line of Section
2224 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 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	1150	0	0	0	31
February	1357	0	0	0	28
March	1030	0	0	0	31
April	1040	0	0	0	30
May	320	0	0	0	31
June	813	0	0	0	30
July	1008	0	0	0	31
August	820	0	0	0	31
September	760	0	0	0	30
October	895	0	0	0	31
November	850	0	0	0	30
December	1241	0	0	0	31
TOTAL	11284		0		

Submitted Electronically