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: SWARTZ A SWD
Well Number: 2

API No.: 15-007-10046-00-02
Permit No: D04240.0
Reporting Year: 2023
(January 1 to December 31)

____ - S2 - S2 - SE Sec. 30 Twp. 31 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
302 feet from ☐ N / ☑ S Line of Section
1311 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: 5000 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	450	0	0	0	31
February	450	0	0	0	28
March	450	0	0	0	31
April	450	0	0	0	30
May	450	0	0	0	31
June	0	0	0	0	30
July	0	0	0	0	31
August	450	0	0	0	31
September	0	0	0	0	30
October	0	0	0	0	31
November	450	0	0	0	30
December	450	0	0	0	31
TOTAL	3600		0		

Submitted Electronically