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 # 5474
Name: Northern Lights Oil Company, LLC
Address 1: PO BOX 164
Address 2: Suite B
City: ANDOVER State: KS Zip: 67002 + 0164
Contact Person: ROBERT SUTHERLAND
Phone: (316) 733-1515
Lease Name: HARMS KENDALL
Well Number: 4

API No.: 15-135-20155-00-00
Permit No: D14641.0
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - NW - SW Sec. 10 Twp. 16 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
1973 feet from ☐ N / ☑ S Line of Section
4470 feet from ☑ E / ☐ W Line of Section
County: Ness

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: 100 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 1000 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	3353	0	0	0	31
February	1624	0	0	0	29
March	6197	0	0	0	31
April	5799	0	0	0	30
May	7619	0	0	0	31
June	6778	0	0	0	30
July	4868	0	0	0	31
August	7739	0	0	0	31
September	7488	0	0	0	30
October	3293	0	0	0	31
November	4429	0	0	0	30
December	4597	0	0	0	31
TOTAL	63784		0		

Submitted Electronically