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 # 34350
Name: Altavista Energy, Inc.
Address 1: 4599 K-33 HIGHWAY
Address 2: PO BOX 128
City: WELLSVILLE State: KS Zip: 66092 + 0128
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: SAUDER
Well Number: I-13

API No.: 15-031-23318-00-00
Permit No: E30744.13
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NW - SW Sec. 14 Twp. 22 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1812 feet from ☐ N / ☑ S Line of Section
4437 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 600 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 15 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	751	600	0	0	31
February	802	600	0	0	29
March	791	600	0	0	31
April	701	600	0	0	30
May	247	600	0	0	31
June	466	600	0	0	30
July	73	600	0	0	31
August	284	600	0	0	31
September	305	600	0	0	30
October	412	600	0	0	31
November	521	600	0	0	30
December	504	600	0	0	31
TOTAL	5857		0		

Submitted Electronically