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: MARJORIE CROTTS
Well Number: I-4A

API No.: 15-031-22809-00-00
Permit No: E30741.3
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SE - SW Sec. 14 Twp. 22 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
818 feet from ☐ N / ☑ S Line of Section
3448 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: 14 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	229	600	0	0	31
February	443	600	0	0	29
March	410	600	0	0	31
April	735	600	0	0	30
May	631	600	0	0	31
June	648	600	0	0	30
July	578	600	0	0	31
August	621	600	0	0	31
September	605	600	0	0	30
October	538	600	0	0	31
November	594	600	0	0	30
December	669	600	0	0	31
TOTAL	6701		0		

Submitted Electronically