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 # 35983
Name: Western Plains Resources LLC
Address 1: 2790 N ANDERSON RD
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + 9798
Contact Person: Kenton Hupp II
Phone: (785) 269-7568
Lease Name: FOSTER
Well Number: 4-18

API No.: 15-055-21975-00-01
Permit No: E30071.9
Reporting Year: 2024
(January 1 to December 31)

____ - SE - SW - NW Sec. 18 Twp. 21 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
3173 feet from ☐ N / ☑ S Line of Section
4584 feet from ☑ E / ☐ W Line of Section
County: Finney

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 2000 psi Injection Zone: Morrow
Maximum Authorized Injection Rate: 3000 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	0	0	0	0	31
February	0	0	0	0	28
March	0	0	0	0	31
April	0	0	0	0	30
May	0	0	0	0	31
June	0	0	0	0	30
July	0	0	0	0	31
August	0	0	0	0	31
September	0	0	0	0	30
October	0	0	0	0	31
November	0	0	0	0	30
December	0	0	0	0	31
TOTAL	0		0		

Submitted Electronically