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 # 34586
Name: ST Petroleum, Inc.
Address 1: 18800 SUNFLOWER RD
Address 2:
City: EDGERTON State: KS Zip: 66021 + 9774
Contact Person: Victoria Davis
Phone: (913) 638-6398
Lease Name: THOMAS A.
Well Number: I-15

API No.: 15-091-23608-00-00
Permit No: E31051.4
Reporting Year: 2024
(January 1 to December 31)

____ - NE - SW - NE Sec. 29 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3673 feet from ☐ N / ☑ S Line of Section
1852 feet from ☑ E / ☐ W Line of Section
County: Johnson

I. Injection Fluid:

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

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 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	744	450	0	0	31
February	812	450	0	0	29
March	775	450	0	0	31
April	750	450	0	0	30
May	806	450	0	0	31
June	690	450	0	0	30
July	744	450	0	0	31
August	651	450	0	0	31
September	690	450	0	0	30
October	713	450	0	0	31
November	750	450	0	0	30
December	651	450	0	0	31
TOTAL	8776		0		

Submitted Electronically