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 # 32119
Name: Northern Natural Gas Co.
Address 1: 1111 S 103RD ST
Address 2: P O BOX 3330
City: OMAHA State: NE Zip: 68124 + 3330
Contact Person: Jay Russell
Phone: ( 402 ) 536-8120
Lease Name: TRUESDELL
Well Number: 11-07

API No.: 15-159-20611-00-00
Permit No: D18442.0
Reporting Year: 2024
*(January 1 to December 31)*

SE - SE - SW - NW Sec. 11 Twp. 20 S. R. 8 ☐ E ☑ W
*(Q/Q/Q/Q)*
2716 feet from ☐ N / ☑ S Line of Section
4262 feet from ☑ E / ☐ W Line of Section
County: Rice

**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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 12000 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 | 4982 | 0 | 0 | | 7 |
| February | 174879 | 0 | 0 | | 29 |
| March | 154790 | 0 | 0 | | 31 |
| April | 91645 | 0 | 0 | | 21 |
| May | 0 | 0 | 0 | | 0 |
| June | 0 | 0 | 0 | | 0 |
| July | 0 | 0 | 0 | | 0 |
| August | 28 | 0 | 0 | | 1 |
| September | 0 | 0 | 0 | | 0 |
| October | 347 | 0 | 0 | | 1 |
| November | 176 | 0 | 0 | | 3 |
| December | 153 | 0 | 0 | | 2 |
| ***TOTAL*** | 427000 | | 0 | | |

Submitted Electronically