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: OWEN
Well Number: CW-2

API No.: 15-121-27428-00-00
Permit No: E21891.6
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NW - NE Sec. 8 Twp. 18 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4359 feet from ☐ N / ☑ S Line of Section
1591 feet from ☑ E / ☐ W Line of Section
County: Miami

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: Cattleman
Maximum Authorized Injection Rate: 300 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 13 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	716	600	0	0	31
February	789	600	0	0	29
March	580	600	0	0	31
April	861	600	0	0	30
May	977	600	0	0	31
June	434	600	0	0	30
July	823	600	0	0	31
August	825	600	0	0	31
September	952	600	0	0	30
October	906	600	0	0	31
November	699	600	0	0	30
December	1009	600	0	0	31
TOTAL	9571		0		

Submitted Electronically