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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 # 9501
Name: Faith Petroleum, Inc.
Address 1: PO BOX 1182
Address 2:
City: ARKANSAS CITY State: KS Zip: 67005 + 1182
Contact Person: David Warren
Phone: (620) 441-7496
Lease Name: J WARREN
Well Number: 1

API No.: 15-035-02001-00-00
Permit No: D05484.0
Reporting Year: 2024
(January 1 to December 31)

NE - SE - SW - NW (Q/Q/Q/Q) Sec. 15 Twp. 35 S. R. 5 ☑ E ☐ W
3086 feet from ☐ N / ☑ S Line of Section
4262 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 75 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 550 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	3500				31
February	3400				28
March	3500				31
April	3400				30
May	3600				31
June	3600				30
July	3650				31
August	3700				31
September	3500				30
October	3450				31
November	3400				30
December	3500				31
TOTAL	42200		0		

Submitted Electronically