

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 # 3881
Name: Pada Petroleum, Inc.
Address 1: 19470 302ND RD
Address 2: _____
City: MAPLE CITY State: KS Zip: 67102 + 9309
Contact Person: David Warren
Phone: (620) 441-7496
Lease Name: UBELAKER/DEWITT
Well Number: 2

API No.: 15-191-21569-00-01
Permit No: E24064.1
Reporting Year: 2024
(January 1 to December 31)
____ - NW - SE - SE Sec. 2 Twp. 35 S. R. 1 ☒ E ☐ W
(a/a/a/a)
678 feet from ☐ N / ☒ S Line of Section
753 feet from ☒ E / ☐ W Line of Section
County: Sumner

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: 250 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 255 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	<u>3300</u>	_____	_____	_____	<u>31</u>
	February	<u>3200</u>	_____	_____	_____	<u>28</u>
	March	<u>3400</u>	_____	_____	_____	<u>31</u>
	April	<u>3300</u>	_____	_____	_____	<u>30</u>
	May	<u>3400</u>	_____	_____	_____	<u>31</u>
	June	<u>3450</u>	_____	_____	_____	<u>30</u>
	July	<u>3250</u>	_____	_____	_____	<u>31</u>
	August	<u>3500</u>	_____	_____	_____	<u>31</u>
	September	<u>3300</u>	_____	_____	_____	<u>30</u>
	October	<u>3400</u>	_____	_____	_____	<u>31</u>
	November	<u>3300</u>	_____	_____	_____	<u>30</u>
	December	<u>3400</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>40200</u>	_____	<u>0</u>	_____	_____

Submitted Electronically