

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 # 34352
Name: N-10 Exploration, LLC
Address 1: 124 N MAIN
Address 2: PO BOX 195
City: ATTICA State: KS Zip: 67009 + 0195
Contact Person: Dustin Newberry
Phone: (620) 254-7251
Lease Name: MEDICINE RIVER RANCH
Well Number: SWD B 2

API No.: 15-007-21257-00-02
Permit No: D31439.0
Reporting Year: 2024
(January 1 to December 31)
NE SW SW Sec. 15 Twp. 34 S. R. 11 ☐ E ☒ W
(a/a/a/a)
996 feet from ☐ N / ☒ S Line of Section
4264 feet from ☒ E / ☐ W Line of Section
County: Barber

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: 5000 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>8680</u>				<u>31</u>
	February	<u>7840</u>				<u>28</u>
	March	<u>8680</u>				<u>31</u>
	April	<u>8400</u>				<u>30</u>
	May	<u>8680</u>				<u>31</u>
	June	<u>8400</u>				<u>30</u>
	July	<u>8680</u>				<u>31</u>
	August	<u>8680</u>				<u>31</u>
	September	<u>8400</u>				<u>30</u>
	October	<u>8680</u>				<u>31</u>
	November	<u>8400</u>				<u>30</u>
	December	<u>8680</u>				<u>31</u>
	TOTAL	<u>102200</u>		<u>0</u>		

Submitted Electronically