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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 # 31938
Name: Indian Oil Co., Inc.
Address 1: 308 S. Main St.
Address 2: PO BOX 209
City: MEDICINE LODGE State: KS Zip: 67104 + 0209
Contact Person: Joscelyn Nittler
Phone: (620) 886-3763
Lease Name: MCWHIRTER
Well Number: 3

API No.: 15-101-20490-00-00
Permit No: D20092.0
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NE - SW Sec. 10 Twp. 19 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
1720 feet from ☐ N / ☑ S Line of Section
3008 feet from ☑ E / ☐ W Line of Section
County: Lane

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: Lansing Group-Cedar Hills
Maximum Authorized Injection Rate: 500 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	0	0	0	0	0
February	0	0	0	0	0
March	630	0	0	0	31
April	870	0	0	0	30
May	899	0	0	0	31
June	725	0	0	0	30
July	775	0	0	0	31
August	899	0	0	0	31
September	870	0	0	0	30
October	837	0	0	0	31
November	810	0	0	0	30
December	837	0	0	0	31
TOTAL	8152		0		

Submitted Electronically