

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 # 35588
Name: Little Chief Energy Corporation
Address 1: PO BOX 965
Address 2: _____
City: INDEPENDENCE State: KS Zip: 67301 + 0965
Contact Person: Keaton Boles
Phone: (918) 907-0136
Lease Name: LAMPSON
Well Number: 2A 23-32-9

API No.: 15-019-27282-00-01
Permit No: D31487.0
Reporting Year: 2024
(January 1 to December 31)
____ - NE - NE - NE Sec. 23 Twp. 32 S. R. 9 ☒ E ☐ W
(a/a/a/a)
5167 feet from ☐ N / ☒ S Line of Section
417 feet from ☒ E / ☐ W Line of Section
County: Chautauqua

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: 800 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 20000 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					
	February	<u>16900</u>				<u>26</u>
	March	<u>12350</u>				<u>19</u>
	April	<u>14300</u>				<u>22</u>
	May					
	June					
	July					
	August					
	September					
	October					
	November					
	December					
	TOTAL	<u>43550</u>		<u>0</u>		

Submitted Electronically