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 # 35625
Name: Talon Group LLC
Address 1: PO BOX 700
Address 2:
City: HAYS State: KS Zip: 67601 + 0700
Contact Person: Valerie Wente
Phone: (785) 656-2644
Lease Name: SELFRIDGE
Well Number: 1-11 OWWO

API No.: 15-101-22463-00-02
Permit No: E34067.1
Reporting Year: 2024
(January 1 to December 31)

N2 - NE - SE - SW Sec. 11 Twp. 18 S. R. 28 ☐ E ☑ W
(Q/Q/Q/Q)
1175 feet from ☐ N / ☑ S Line of Section
2310 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: 1100 psi Injection Zone: Lansing-Kansas City
Maximum Authorized Injection Rate: 600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	364	0	0	0	14
February	754	0	0	0	29
March	806	0	0	0	31
April	780	0	0	0	30
May	806	0	0	0	31
June	780	0	0	0	30
July	806	0	0	0	31
August	806	0	0	0	31
September	780	0	0	0	30
October	806	0	0	0	31
November	780	0	0	0	30
December	806	0	0	0	31
TOTAL	9074		0		

Submitted Electronically