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 # 5011
Name: Viking Resources, Inc
Address 1: 400 N WOODLAWN ST, STE 18
Address 2:
City: WICHITA State: KS Zip: 67208 + 4333
Contact Person: Shawn Devlin
Phone: (316) 262-2502
Lease Name: VOGEL
Well Number: 1-24

API No.: 15-135-22316-00-02
Permit No: D22022.0
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NW - NE Sec. 24 Twp. 19 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
4548 feet from ☐ N / ☑ S Line of Section
2020 feet from ☑ E / ☐ W Line of Section
County: Ness

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: 100 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 400 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	7020	100	0	0	31
February	5670	100	0	0	29
March	6760	100	0	0	31
April	10450	100	0	0	30
May	10380	100	0	0	31
June	10045	100	0	0	30
July	10045	100	0	0	31
August	10045	100	0	0	31
September	10045	100	0	0	30
October	10375	100	0	0	31
November	10045	100	0	0	30
December	10375	100	0	0	31
TOTAL	111255		0		

Submitted Electronically