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 # 34350
Name: Altavista Energy, Inc.
Address 1: 802 E 7th St
Address 2: PO BOX 128
City: WELLSVILLE State: KS Zip: 66092 + 0128
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: SAUDER
Well Number: 1-I

API No.: 15-031-22562-00-00
Permit No: E30744.1
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SW - SW Sec. 14 Twp. 22 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
471 feet from ☐ N / ☑ S Line of Section
5087 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 600 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 23 *(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	378	600	0	0	31
April	423	600	0	0	30
May	312	600	0	0	31
June	623	600	0	0	30
July	505	600	0	0	31
August	321	600	0	0	31
September	487	600	0	0	30
October	131	600	0	0	21
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	3180		0		

Submitted Electronically