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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 # 33099
Name: Inlan Oceans, LLC
Address 1: PO BOX 75
Address 2:
City: COFFEYVILLE State: KS Zip: 67337 + 0075
Contact Person: Don Axthelm
Phone: ( 620 ) 252-5151
Lease Name: PLUMMER
Well Number: 8

API No.: 15-125-26871-00-01
Permit No: E23318.1
Reporting Year: 2025
*(January 1 to December 31)*

(Q/Q/Q/Q) NE - SE - SW Sec. 8 Twp. 31 S. R. 17 ☑ E ☐ W
912 feet from ☐ N / ☑ S Line of Section
2843 feet from ☑ E / ☐ W Line of Section
County: Montgomery

**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: 300 psi Injection Zone: WEISER SAND
Maximum Authorized Injection Rate: 200 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 | 5192 | 300 | 0 | | 31 |
| February | 4729 | 300 | 0 | | 28 |
| March | 5275 | 300 | 0 | | 31 |
| April | 5186 | 300 | 0 | | 30 |
| May | 5388 | 300 | 0 | | 31 |
| June | 5201 | 300 | 0 | | 30 |
| July | 5436 | 300 | 0 | | 31 |
| August | 5422 | 300 | 0 | | 31 |
| September | 5334 | 300 | 0 | | 30 |
| October | 5449 | 300 | 0 | | 31 |
| November | 5257 | 300 | 0 | | 30 |
| December | 5269 | 300 | 0 | | 31 |
| ***TOTAL*** | 63138 | | 0 | | |

Submitted Electronically