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 # 31652
Name: Norstar Petroleum, Inc.
Address 1: 88 INVERNESS CIR E. UNIT F104
Address 2:
City: ENGLEWOOD State: CO Zip: 80112 + 5514
Contact Person: Katy Orozco
Phone: (303) 925-0696
Lease Name: HAWTHORNE
Well Number: 6

API No.: 15-073-23621-00-01
Permit No: E32509.1
Reporting Year: 2025
(January 1 to December 31)

____ - SE - SW - SW Sec. 27 Twp. 25 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
278 feet from ☐ N / ☑ S Line of Section
4417 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 1000 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 300 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	1339	175			31
February	994	175			23
March	1339	175			31
April	1296	175			30
May	1339	175			31
June	1296	175			30
July	1339	175			31
August	1339	175			31
September	1296	175			30
October	1339	175			31
November	1210	175			28
December	1339	175			31
TOTAL	15465		0		

Submitted Electronically