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 # 34412
Name: Inferno Energy
Address 1: 1353 105TH RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5175
Contact Person: Wacey Douglas
Phone: (620) 496-9868
Lease Name: STOLL
Well Number: 9

API No.: 15-001-25829-00-01
Permit No: E25980.1
Reporting Year: 2025
(January 1 to December 31)

____ - NW - NE - SW Sec. 5 Twp. 26 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
2015 feet from ☐ N / ☑ S Line of Section
3795 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 500 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(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			31
February	0	0			28
March	0	0			31
April	0	0			30
May	20	200			31
June	20	200			30
July	20	200			31
August	20	200			31
September	0	0			30
October	0	0			31
November	0	0			30
December	0	0			31
TOTAL	80		0		

Submitted Electronically