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 # 35743
Name: Warhorse Petroleum Inc
Address 1: PO BOX 270
Address 2:
City: EUREKA State: KS Zip: 67045 + 0270
Contact Person: john herring
Phone: (303) 829-1956
Lease Name: HIND
Well Number: 29S

API No.: 15-073-01016-00-01
Permit No: D26621.0
Reporting Year: 2025
(January 1 to December 31)

____ - NW - SE - SW Sec. 11 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
691 feet from ☐ N / ☑ S Line of Section
3294 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: 0 psi Injection Zone: Bartlesville

Maximum Authorized Injection Rate: 2000 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	0		0		

Submitted Electronically