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 # 33165				API No.: 15-008-22175 -00-02									
Delete France III O				26 904									
				Permit No:									
Address 1: 2699 Stirling Rd Address 2: Suite C-102				(January 1 to December 31)									
City: Ft Lauderdale State: FL Zip: 33312 + Contact Person: Neal Rudder Phone: (954) 981-1441				C SE SE 4 Sec 8 Twp. 30 S. R. 13 E ✓ W 660 feet from N / ✓ S Line of Section 660 feet from ✓ E / ☐ W W Line of Section									
								Name: John Lo	emon		County: Barber		<u></u>
							Well N	Number: 2A					
							1. Inj	ection Fluid:		-			
	Type (Pick one):	Fresh Water	Treated Brine	Untreated Brine	Water/Brine								
	Source:	Produced Water	Other (Attach list	•		KCC WICHIT							
	Quality: Total	Dissolved Solids: N/A	mg/l Specific Gr	avity: N/A Additives:	N/A	MAD of 2017							
	(Attach water analysi	s, if available)				MAR 0 6 2017							
			<u>.</u>			RECEIVED							
	Maximum Authorized	Injection Pressure: N/A Injection Rate: N/A anced Recovery Injection Wells	barrels per		Агрискіе								
HI.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection							
	January	1450	0	0	0	<u>31</u>							
	February	1380	0	0	0	29							
	March	1508	0	0	0	31							
	April	1473	0	0	0	30							
	May	1150	0	- 0	0	31							
	June	1450	0	0	0	30							
	July	1380	0	0	0	31							
	August	1382	0	0	0	31							
	September	1368	0	0	0	30							
	October	1198	0	0	0	31							
	November	1354	0	0	0	30							
	December	1384	0	0	0	31							
	ΤΟΤΔΙ	16477		0									