

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 # 34971
Name: Eastern Kansas Operating LLC
Address 1: 9532 E Riggs Rd
Address 2: _____
City: Sun Lakes State: AZ Zip: 85248 + _____
Contact Person: LaDawn Ferrell
Phone: (620) 672-9700
Lease Name: Someday
Well Number: 19

API No.: 15-121-27486-00-01
Permit No.: D27845.0
Reporting Year: 2016
(January 1 to December 31)
_____. SE . SE . SW Sec. 12 Twp. 16 S. R. 24 E W
(a/a/a) 253 feet from N / S Line of Section
3145 feet from E / W Line of Section
County: Miami

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)

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II. Well Data:

Maximum Authorized Injection Pressure: 100 psi Injection Zone: Mississippian
Maximum Authorized Injection Rate: 1000 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		

X