

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 # 34798
Name: Viking Production LLC
Address 1: 1432 Nighthawk Rd.
Address 2: _____
City: Yates Center State: KS Zip: 66783 + _____
Contact Person: Bert Carlson
Phone: (620) 485-6064
Lease Name: McMinn OD J
Well Number: 2

API No.: 15-035-19497-00-00
Permit No: D04962.0
Reporting Year: 2015
(January 1 to December 31)
____ SW ____ NE ____ NW Sec. 31 Twp. 31 S. R. 6 E W
(Q. Q. Q. Q.)
4374 feet from N / S Line of Section
3442 feet from E / W Line of Section
County: Cowley

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)

KCC WICHITA

MAR 08 2017

RECEIVED

II. Well Data:

This Well has been Plugged

Maximum Authorized Injection Pressure: 360 psi Injection Zone: Chase

Maximum Authorized Injection Rate: 50 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	750	70	0		28
February	750	70	0		28
March	750	70	0		28
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	2250		0		