

**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 # 35096
Name: Nichepor, Stephen B
Address 1: 16531 T. Rd
Address 2: _____
City: Ness City State: KS Zip: 67560 + 1649
Contact Person: Stephen Nichepor
Phone: (785) 798-7123
Lease Name: Nichepor
Well Number: 1 SWD

API No.: 15-135-25428-00-00
Permit No.: D31292.0
Reporting Year: 2015
(January 1 to December 31)
SW - SE - SE - SE Sec. 32 Twp. 17 S. R. 23 E W
(or/0/0) 200 feet from N / S Line of Section
634 feet from E / W Line of Section
County: Ness

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: _____ psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: _____ barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(Include TA's)*

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CONSERVATION DIVISION
WICHITA, KS

| 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 | | |

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