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 # 34170
Name: Sirius Energy Corp.
Address 1: 526 COUNTRY PL, SOUTH
Address 2:
City: ABILENE State: TX Zip: 79606 + 7032
Contact Person: Kim Sonne
Phone: (325) 665-9152
Lease Name: ROSELL
Well Number: D 39

API No.: 15-003-22524-00-01
Permit No:
Reporting Year: 2019
(January 1 to December 31)

SW - SW - NW - ____ Sec. 4 Twp. 21 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
4900 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 400 psi Injection Zone: Squirrel
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	245	350	0	0	31
February	245	350	0	0	28
March	245	350	0	0	31
April	245	350	0	0	30
May	245	350	0	0	31
June	245	350	0	0	30
July	245	350	0	0	31
August	245	350	0	0	31
September	245	350	0	0	30
October	245	350	0	0	31
November	245	350	0	0	30
December	245	350	0	0	31
TOTAL	2940		0		

Submitted Electronically