1276305

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 # 31171
Name: Continental Operating Co.
Address 1: 1221 MCKINNEY STREET, STE 3700
Address 2:
City: HOUSTON State: TX Zip: 77010 + __ __ __ __
Contact Person: Becky Tristan
Phone: (713) 209-1110
Lease Name: SMITH
Well Number: 12

API No.: 15-051-23937-00-01
Permit No: E23694.4
Reporting Year: 2015
(January 1 to December 31)

____ - NE - SE - NW Sec. 14 Twp. 12 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
3755 feet from ☐ N / ☑ S Line of Section
2966 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 1200 psi Injection Zone: TOPEKA
Maximum Authorized Injection Rate: 600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 11 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	6222	1000	0		31
February	5277	1000	0		28
March	3677	1000	0		28
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	578	1000	0		3
November	0		0		
December	0		0		
TOTAL	15754		0		

Submitted Electronically