1276307

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 A
Well Number: 2

API No.: 15-051-22610-00-00
Permit No: D20677.0
Reporting Year: 2015
(January 1 to December 31)

____ - NW - NW - NE Sec. 14 Twp. 12 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
5110 feet from ☐ N / ☑ S Line of Section
2342 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: 100 psi Injection Zone: GRANIT WASH
Maximum Authorized Injection Rate: 5000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	31216	76	0		31
February	32483	76	0		28
March	45327	76	0		31
April	67554	76	0		30
May	64147	76	0		31
June	43854	76	0		30
July	59109	76	0		31
August	65194	76	0		31
September	57141	76	0		30
October	51260	76	0		31
November	43141	76	0		28
December	66020	76	0		31
TOTAL	626446		0		

Submitted Electronically