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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: STAMPER
Well Number: A-9

API No.: 15-163-23244-00-00
Permit No: E26843.4
Reporting Year: 2015
(January 1 to December 31)

____ - ____ - SW - SE Sec. 29 Twp. 8 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
665 feet from ☐ N / ☑ S Line of Section
2038 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 1000 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 8 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	7842	400	0		31
February	8239	430	0		28
March	9284	420	0		31
April	9364	415	0		30
May	8604	485	0		29
June	7387	430	0		30
July	6992	400	0		31
August	6947	430	0		30
September	6928	460	0		30
October	10068	320	0		31
November	8175	400	0		30
December	7480	420	0		31
TOTAL	97310		0		

Submitted Electronically