1281059

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 # 6509
Name: Clark, Jim D. dba Cla-Mar Oil, Company
Address 1: PO BOX 506
Address 2:
City: HAYS State: KS Zip: 67601 + 0506
Contact Person: Jason B Clark
Phone: (785) 259-5575
Lease Name: Wolf
Well Number: 2

API No.: 15-051-26061-00-00
Permit No: D30790.0
Reporting Year: 2015
(January 1 to December 31)

S2 - N2 - SW - NW Sec. 2 Twp. 13 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
3341 feet from ☐ N / ☑ S Line of Section
4649 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: 0 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 500 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	2635	0	0		31
February	2380	0	0		28
March	2635	0	0		31
April	2550	0	0		30
May	2635	0	0		31
June	2550	0	0		30
July	2635	0	0		31
August	2635	0	0		31
September	2550	0	0		30
October	2635	0	0		31
November	2550	0	0		30
December	2635	0	0		31
TOTAL	31025		0		

Submitted Electronically