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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 # 34921
Name: C & W Oil, LLC
Address 1: 600 WHEELER AVE.
Address 2: PO BOX 4641, STA. B
City: FORT SMITH State: AR Zip: 72901 + ___ ___ ___ ___
Contact Person: James P. Williams
Phone: (479) 461-6553
Lease Name: LeSage
Well Number: 6

API No.: 15-163-01322-00-01
Permit No: D31882.0
Reporting Year: 2015
(January 1 to December 31)

NW - SE - NE - NE Sec. 18 Twp. 7 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
4292 feet from ☐ N / ☑ S Line of Section
362 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: 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: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	7595	0	0		31
February	6860	0	0		28
March	7595	0	0		31
April	7350	0	0		30
May	7595	0	0		31
June	7350	0	0		30
July	7595	0	0		31
August	7595	0	0		31
September	7350	0	0		30
October	7595	0	0		31
November	7350	0	0		30
December	7595	0	0		31
TOTAL	89425		0		

Submitted Electronically