1291911

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 # 34827
Name: C3Oil, LLC
Address 1: 600 ARROWHEAD DR
Address 2:
City: NEW STRAWN State: KS Zip: 66839 + __ __ __ __
Contact Person: Cara Mays
Phone: (913) 515-5329
Lease Name: BAYS
Well Number: 3

API No.: 15-073-19812-00-01
Permit No: E05964.1
Reporting Year: 2015
(January 1 to December 31)

____ - SW - SE - SE Sec. 29 Twp. 23 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
265 feet from ☐ N / ☑ S Line of Section
2844 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 800 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 250 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	7400	180	0		31
February	4440	180	0		28
March	7590	180	0		31
April	7200	180	0		30
May	7470	180	0		31
June	7200	180	0		30
July	7270	180	0		31
August	7440	180	0		31
September	7200	180	0		30
October	7500	180	0		31
November	7200	180	0		30
December	7380	180	0		31
TOTAL	85290		0		

Submitted Electronically