1291915

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: LONG
Well Number: 3

API No.: 15-073-00560-00-01
Permit No: E28118.1
Reporting Year: 2015
(January 1 to December 31)

NE - SW - SE - SW Sec. 17 Twp. 23 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
2890 feet from ☐ N / ☑ S Line of Section
1750 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: 200 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 100 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	1520	170	0		31
February	1420	170	0		28
March	1700	170	0		31
April	1470	170	0		30
May	1520	170	0		31
June	1500	170	0		30
July	1530	170	0		31
August	1520	170	0		31
September	1510	170	0		30
October	1500	170	0		31
November	1530	170	0		30
December	1560	170	0		31
TOTAL	18280		0		

Submitted Electronically