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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 # 34144
Name: Camio Enterprises, LLC
Address 1: PO BOX 308
Address 2:
City: AUGUSTA State: KS Zip: 67010 + __ __ __ __
Contact Person: Pamela Baker
Phone: (316) 775-1955
Lease Name: GORMAN
Well Number: 1

API No.: 15-173-03695-00-01
Permit No: E25094.1
Reporting Year: 2015
(January 1 to December 31)

SW - NE - NW - SW Sec. 6 Twp. 26 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
2096 feet from ☐ N / ☑ S Line of Section
4311 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: 150 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 1000 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	4933	150	0		31
February	2335	150	0		16
March	9195	150	0		30
April	4933	150	0		30
May	4867	150	0		31
June	4800	150	0		30
July	4361	150	0		31
August	4667	150	0		31
September	4667	150	0		30
October	4600	150	0		31
November	4667	150	0		30
December	4667	150	0		31
TOTAL	58692		0		

Submitted Electronically