1334797

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 # 6227
Name: Kraft Oil Company LLC
Address 1: 434 IRIS RD SW
Address 2:
City: GRIDLEY State: KS Zip: 66852 + __ __ __ __
Contact Person: Thomas A. Kraft
Phone: (620) 836-4570
Lease Name: WEIDE
Well Number: 1 W I

API No.: 15-207-19836-00-00
Permit No: E13047.1
Reporting Year: 2016
(January 1 to December 31)

____ - SW - NW - SE Sec. 31 Twp. 23 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
1433 feet from ☐ N / ☑ S Line of Section
2361 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 500 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1800	175	0		31
February	1600	175	0		29
March	1800	175	0		31
April	1700	175	0		30
May	1800	175	0		31
June	1700	175	0		30
July	1800	175	0		31
August	1800	175	0		31
September	1700	175	0		30
October	1800	175	0		31
November	1700	175	0		30
December	180	175	0		31
TOTAL	19380		0		

Submitted Electronically