KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1336371

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 # 30102
Name: Chriestenson, Robert dba C & S Oil
Address 1: 1607 MAIN
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4033
Contact Person: Robert Chriestenson
Phone: (620) 365-0919
Lease Name: DIVER
Well Number: 1

API No.: 15-207-02281-00-01
Permit No: E27405.1
Reporting Year: 2016
(January 1 to December 31)

SW - SW - SE - NW (Q/Q/Q/Q) Sec. 33 Twp. 23 S. R. 17 ☑ E ☐ W
2690 feet from ☐ N / ☑ S Line of Section
3660 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: 600 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 50 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	200	200	0		31
February	180	200	0		28
March	200	200	0		31
April	195	200	0		30
May	200	200	0		31
June	195	200	0		30
July	200	200	0		31
August	200	200	0		31
September	195	200	0		30
October	200	200	0		31
November	195	200	0		30
December	200	200	0		31
TOTAL	2360		0		

Submitted Electronically