

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 #				(January 1 to December 31)								
										SecTwpS. R EV		
									(0/0/0/0)	feet from N /	S Line of Section	
										feet from E /	W Line of Section	
				County:								
				Well I	Number:							
				l. Inj	jection Fluid:							
	Type (Pick one):	Fresh Water	Treated Brine	Untreated Brine	Water/Brine							
	Source: Produced Water Other (Attach list)			0								
	Quality: Total Dissolved Solids: mg/l Specific Gr			ravity: Additives:								
	(Attach water analys	is, if available)										
II. W	/ell Data:											
	Maximum Authorized	Injection Pressure:										
	Maximum Authorized	Injection Rate:	barrels per da									
	Total Number of Enh	anced 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											
	February											
	March											
	April											
	May					_						
	June											
	July											
	August											
	September											
	October											
	November											
	December					_						
	TOTAL											



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

1327171

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #: 30821		API No. 15	API No. 15 - 15-163-21543-00-01				
Name: Hitschmann, Craig & Ronda	dba C & R Oil	Spot Desc	Spot Description:				
Address 1: PO BOX 308	***************************************	SE_	SE_SW_NE_Sec. 18_ Twp. 8 S. R. 16East West				
Address 2:		3232	3232 Feet from North / V South Line of Section				
City: NATOMA State: KS	Zip: <u>67651</u> + 0308	1629					
Contact Person: Craig Hitschmann		Footages					
Phone: (785) 885-4564			☐ NE ☐ NW ✓ SE ☐ SW				
Type of Well: (Check one) Oil Well Gas Well	OG D&A Cathodic	County:	County: Rooks				
Water Supply Well Other:	SWD Permit#:		Lease Name: CHESNEY C Well #: 6				
✓ ENHR Permit #: E28681.1 Gas Stor	age Permit #:		Date Well Completed:(Date) The plugging proposal was approved on:(Date)				
Is ACO-1 filed? Yes V No If not, is well	log attached? Yes	A1					
Producing Formation(s): List All (If needed attach another	sheet)	by:	by:(KCC District Agent's Name)				
KANSAS CITY Depth to Top: Botton	n: T.D	Plugging (Plugging Commenced: 9/14/2016				
Depth to Top: Botton	n: T.D	1		/2016			
Depth to Top: Botton	n:T.D	lagging c	ompiciou.				
Show depth and thickness of all water, oil and gas format	tions.						
Oil, Gas or Water Records	C	Casing Record (Surfa	sing Record (Surface, Conductor & Production)				
Formation Content	Casing	Size	Setting Depth	Pulled Out			
		٥					
Describe in detail the manner in which the well is plugge cement or other plugs were used, state the character of some cement trucks. Hook up and pund 2 bags hulls. Pull tubing up to 1200 surface. Pull out with rest of tubing. Pressure to 200#. Shut in. Tear down	ip out. Run in with np 50 bags cemen ". Pump 115 bags Break out working	om), to (top) for each tubing to 290 t. Pull tubing cement with	plug set.)1'. Had surfa to 2419'. Pur 1 bag hulls. (ce head dug out. Wait np 75 bags cement with Circulate good cement to			
6004		D.C. 0.1	A/ VA/all Camilate	and the			
Plugging Contractor License #:6901	N	Name: DS&\	ne: DS & W Well Servicing, Inc.				
Address 1: 1822 24TH STREET	A	ddress 2:					
city: _GREAT BEND		State: KS	3	zip: 67530 + 2623			
Phone: (620) 793-5838		S					
Name of Party Responsible for Plugging Fees: <u>CRAI</u>	G HITSCHMANN						
State of County,		, ss.					
		Emr	oloyee of Operator or	Operator on above-described well.			
(Print Name) being first duly sworn on oath, says: That I have knowledg	ge of the facts statements, and						

Submitted Electronically