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 # 3532
Name: CMX, Inc.
Address 1: 1700 N WATERFRONT PKWY BLDG 300B
Address 2:
City: WICHITA State: KS Zip: 67206 + __ __ __ __
Contact Person: Leah Kasten
Phone: (316) 269-9052
Lease Name: CHAIN RANCH
Well Number: 2

API No.: 15-007-22840-00-01
Permit No: D28576.0
Reporting Year: 2017
(January 1 to December 31)

____ - E2 - NE - NE Sec. 13 Twp. 31 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4690 feet from ☐ N / ☑ S Line of Section
339 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 0 psi Injection Zone: DOUGLAS UPPER
Maximum Authorized Injection Rate: 250 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	5580	0	0		31
February	5040	0	0		28
March	5580	0	0		31
April	5400	0	0		30
May	5580	0	0		31
June	5400	0	0		30
July	5580	0	0		31
August	5580	0	0		31
September	5400	0	0		30
October	5580	0	0		31
November	5400	0	0		30
December	5580	0	0		31
TOTAL	65700		0		

Submitted Electronically