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: KREHBIEL TRUST SWD
Well Number: 1

API No.: 15-159-21007-00-01
Permit No: D32066.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NW - SE Sec. 1 Twp. 21 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
1980 feet from ☐ N / ☑ S Line of Section
1980 feet from ☑ E / ☐ W Line of Section
County: Rice

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: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	29760	0	0		31
February	26880	0	0		28
March	29760	0	0		31
April	28800	0	0		30
May	29760	0	0		31
June	28800	0	0		30
July	7200	0	0		9
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	180960		0		

Submitted Electronically