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: BURMEISTER
Well Number: 1 A

API No.: 15-009-21665-00-01
Permit No: E25533.1
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NE - SW Sec. 2 Twp. 17 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
2276 feet from ☐ N / ☑ S Line of Section
3838 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	6510	150	0		31
February	5880	150	0		28
March	6510	150	0		31
April	6300	150	0		30
May	6510	150	0		31
June	6300	150	0		30
July	6510	150	0		31
August	6510	150	0		31
September	6300	150	0		30
October	6510	150	0		31
November	6300	150	0		30
December	6510	150	0		31
TOTAL	76650		0		

Submitted Electronically