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 # 6227
Name: Kraft Oil Company LLC
Address 1: 434 IRIS RD SW
Address 2:
City: GRIDLEY State: KS Zip: 66852 + __ __ __ __
Contact Person: Thomas A. Kraft
Phone: (620) 836-4570
Lease Name: SHOTWELL
Well Number: 2

API No.: 15-031-20474-00-01
Permit No: D25630.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - SE Sec. 14 Twp. 23 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
892 feet from ☐ N / ☑ S Line of Section
1747 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: KANSAS CITY
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	500	0	0		31
February	400	0	0		28
March	500	0	0		31
April	450	0	0		30
May	500	0	0		31
June	450	0	0		30
July	500	0	0		31
August	500	0	0		31
September	450	0	0		30
October	500	0	0		31
November	450	0	0		30
December	500	0	0		31
TOTAL	5700		0		

Submitted Electronically