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 # 32278
Name: Tengasco, Inc.
Address 1: 1327 NOOSE RD
Address 2: PO BOX 458
City: HAYS State: KS Zip: 67601 + 9744
Contact Person: Gary Wagner
Phone: (785) 625-6374
Lease Name: MOSHER
Well Number: 2

API No.: 15-163-21540-00-00
Permit No: D20839.0
Reporting Year: 2017
(January 1 to December 31)

____ - E2 - E2 - SW Sec. 33 Twp. 8 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1320 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 1000 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	5115	0	0		31
February	4620	0	0		28
March	5115	0	0		31
April	4950	0	0		30
May	5115	0	0		31
June	4950	0	0		30
July	5115	0	0		31
August	5115	0	0		31
September	4950	0	0		30
October	5115	0	0		31
November	4950	0	0		30
December	5115	0	0		31
TOTAL	60225		0		

Submitted Electronically