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 # 33736
Name: Cortam, Inc.
Address 1: 806 BELMONT AVE
Address 2:
City: AUGUSTA State: KS Zip: 67010 + 2210
Contact Person: Corky Cook
Phone: ( 316 ) 775-2521
Lease Name: FUSON
Well Number: 1-5

API No.: 15-173-20696-00-00
Permit No: D23897.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - W2 - NW - SW Sec. 5 Twp. 26 S. R. 1 ☑ E ☐ W
*(Q/Q/Q/Q)*
1980 feet from ☐ N / ☑ S Line of Section
4950 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

**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: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 12400 | 0 | 0 | | 31 |
| February | 14400 | 0 | 0 | | 26 |
| March | 12400 | 0 | 0 | | 31 |
| April | 11600 | 0 | 0 | | 29 |
| May | 11400 | 0 | 0 | | 19 |
| June | 13200 | 0 | 0 | | 22 |
| July | 15000 | 0 | 0 | | 30 |
| August | 8500 | 0 | 0 | | 17 |
| September | 13500 | 0 | 0 | | 27 |
| October | 8500 | 0 | 0 | | 17 |
| November | 7500 | 0 | 0 | | 25 |
| December | 6000 | 0 | 0 | | 20 |
| ***TOTAL*** | 134400 | | 0 | | |

Submitted Electronically