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 # 32723
Name: See, Charles E. dba See Oil
Address 1: 315 N. WASHINGTON
Address 2: BOX 97
City: STARK State: KS Zip: 66775 + 0097
Contact Person: Lesli Baker
Phone: ( 620 ) 754-3939
Lease Name: BURGE
Well Number: 28

API No.: 15-037-21389-00-01
Permit No: E11453.11
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - S2 - N2 Sec. 2 Twp. 28 S. R. 23 ☑ E ☐ W
*(Q/Q/Q/Q)*
3795 feet from ☐ N / ☑ S Line of Section
3960 feet from ☑ E / ☐ W Line of Section
County: Crawford

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 180 psi Injection Zone: Peru
Maximum Authorized Injection Rate: 50 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 | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 0 | | 0 | | |
| April | 0 | | 0 | | |
| May | 0 | | 0 | | |
| June | 0 | | 0 | | |
| July | 0 | | 0 | | |
| August | 0 | | 0 | | |
| September | 0 | | 0 | | |
| October | 0 | | 0 | | |
| November | 0 | | 0 | | |
| December | 775 | 180 | 0 | | 31 |
| ***TOTAL*** | 775 | | 0 | | |

Submitted Electronically