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 # 33651
Name: Central Kansas Disposal LLC
Address 1: PO BOX 2325
Address 2:
City: HUTCHINSON State: KS Zip: 67504 + 2325
Contact Person: WR Allam
Phone: (620) 663-7813
Lease Name: C E MOUNT
Well Number: 3

API No.: 15-155-19032-00-01
Permit No: D00474.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SW - NE Sec. 20 Twp. 24 S. R. 4 ☐ E ☑ W
(Q/Q/Q/Q)
3738 feet from ☐ N / ☑ S Line of Section
2456 feet from ☑ E / ☐ W Line of Section
County: Reno

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: REAGAN
Maximum Authorized Injection Rate: 8000 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	37500	0	0		31
February	36250	0	0		28
March	37446	0	0		31
April	37430	0	0		30
May	38100	0	0		31
June	38215	0	0		30
July	38265	0	0		31
August	38110	0	0		3
September	37875	0	0		30
October	3820	0	0		31
November	37110	0	0		30
December	37220	0	0		31
TOTAL	417341		0		

Submitted Electronically