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 # 34827
Name: C3Oil, LLC
Address 1: 600 ARROWHEAD DR
Address 2:
City: NEW STRAWN State: KS Zip: 66839 + __ __ __ __
Contact Person: CHRIS HAAS
Phone: (913) 515-5329
Lease Name: ISCH
Well Number: 2-G

API No.: 15-073-23014-00-01
Permit No: D32064.0
Reporting Year: 2017
(January 1 to December 31)

NW - NE - NW - NW Sec. 10 Twp. 22 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
5115 feet from ☐ N / ☑ S Line of Section
4455 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 450 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 60 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	110	0	0		7
May	360	0	0		31
June	340	0	0		30
July	340	0	0		31
August	360	0	0		31
September	340	0	0		30
October	350	0	0		31
November	340	0	0		30
December	350	0	0		31
TOTAL	2890		0		

Submitted Electronically