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 # 33360
Name: C & H Energy LLC
Address 1: PO BOX 71
Address 2:
City: BLUE MOUND State: KS Zip: 66010 + __ __ __ __
Contact Person: Shannon Harrison
Phone: (620) 363-2895
Lease Name: SCROGGS
Well Number: 5

API No.: 15-011-22726-00-01
Permit No: E26986.5
Reporting Year: 2017
(January 1 to December 31)

SW - NW - SW - SW Sec. 4 Twp. 24 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
825 feet from ☐ N / ☑ S Line of Section
5115 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 600 psi Injection Zone: Bartlesville
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	3	600	0		6
February	3	600	0		6
March	3	600	0		6
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	0		0		
TOTAL	9		0		

Submitted Electronically