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 # 33127
Name: Chaparral Energy, L.L.C.
Address 1: 701 CEDAR LK BLVD
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73114 + 7806
Contact Person: Shelly Summers
Phone: (405) 478-8770
Lease Name: CSMU
Well Number: 1104

API No.: 15-189-20953-00-01
Permit No: E27120.3
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NW - SE Sec. 35 Twp. 31 S. R. 35 ☐ E ☑ W
(Q/Q/Q/Q)
1929 feet from ☐ N / ☑ S Line of Section
2055 feet from ☑ E / ☐ W Line of Section
County: Stevens

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: 2000 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1000 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	0		0		
TOTAL	0		0		

Submitted Electronically