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 # 4951
Name: Claassen Oil and Gas, Inc.
Address 1: PO BOX 417
Address 2:
City: ESTES PARK State: CO Zip: 80517 + 0417
Contact Person: Dan Claassen
Phone: (970) 586-1885
Lease Name: BLACK
Well Number: 2-1

API No.: 15-175-20614-00-01
Permit No: D25328.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - SE - NW Sec. 1 Twp. 34 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
3313 feet from ☐ N / ☑ S Line of Section
3263 feet from ☑ E / ☐ W Line of Section
County: Seward

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: CEDAR HILLS
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	8870	0	0		31
February	8165	0	0		28
March	8755	0	0		31
April	8525	0	0		30
May	8440	0	0		31
June	8670	0	0		30
July	8925	0	0		31
August	8970	0	0		31
September	8340	0	0		30
October	8955	0	0		31
November	8545	0	0		30
December	8830	0	0		31
TOTAL	103990		0		

Submitted Electronically