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 # 35127
Name: C & S Oil Company, LLC
Address 1: 325 S. ELM ST.
Address 2:
City: RUSSELL State: KS Zip: 67665 + __ __ __ __
Contact Person: Chris Pasek
Phone: (785) 483-0205
Lease Name: HALL
Well Number: 1 SWD

API No.: 15-185-23424-00-00
Permit No: D28917.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - N2 - SW Sec. 7 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1875 feet from ☐ N / ☑ S Line of Section
3897 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: ARBUCKLE
Maximum Authorized Injection Rate: 3500 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	11625	0	0		31
February	10500	0	0		28
March	1165	0	0		31
April	11250	0	0		30
May	11625	0	0		31
June	11250	0	0		30
July	11625	0	0		31
August	11625	0	0		31
September	11250	0	0		30
October	11625	0	0		31
November	11250	0	0		30
December	11625	0	0		31
TOTAL	126415		0		

Submitted Electronically