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 # 33961
Name: Consolidated Oil Well Services LLC
Address 1: 1322 S GRANT
Address 2: PO BOX 884
City: CHANUTE State: KS Zip: 66720 + ___ ___ ___ ___
Contact Person: Mike Littlepage
Phone: (620) 431-9210
Lease Name: CONSOLIDATED
Well Number: SWD 1

API No.: 15-133-26314-00-00
Permit No: D28615.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SE - NW Sec. 30 Twp. 29 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
3490 feet from ☐ N / ☑ S Line of Section
3230 feet from ☑ E / ☐ W Line of Section
County: Neosho

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: 2500 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	110	0	0		2
March	190	0	0		3
April	30	0	0		1
May	10	0	0		1
June	70	0	0		1
July	175	0	0		3
August	175	0	0		3
September	0		0		
October	0		0		
November	90	0	0		2
December	25	0	0		1
TOTAL	875		0		

Submitted Electronically