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 # 35351
Name: CDC Oil, LLC
Address 1: PO BOX 822
Address 2:
City: CHANUTE State: KS Zip: 66720 + __ __ __ __
Contact Person: Chelsea Jesseph
Phone: (620) 433-7596
Lease Name: BAKER
Well Number: B 8

API No.: 15-001-23321-00-01
Permit No: E20476.1
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NW - NW Sec. 15 Twp. 26 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
5115 feet from ☐ N / ☑ S Line of Section
5115 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 250 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 250 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	850	250	0		31
February	772	250	0		28
March	875	250	0		31
April	860	250	0		30
May	890	250	0		31
June	870	250	0		30
July	900	250	0		31
August	880	250	0		31
September	865	250	0		30
October	885	250	0		31
November	775	250	0		30
December	770	250	0		31
TOTAL	10192		0		

Submitted Electronically