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 # 33192
Name: Crown Energy Company
Address 1: 1117 N.W. 24TH ST.
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73106 + __ __ __ __
Contact Person: Grace Gilland
Phone: (405) 228-0808
Lease Name: LINDGREN
Well Number: 4

API No.: 15-015-20947-00-01
Permit No: D19109.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SE - NE Sec. 9 Twp. 28 S. R. 6 ☑ E ☐ W
(Q/Q/Q/Q)
3570 feet from ☐ N / ☑ S Line of Section
316 feet from ☑ E / ☐ W Line of Section
County: Butler

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	7500	0	0		31
February	7500	0	0		28
March	7500	0	0		31
April	1500	0	0		30
May	1500	0	0		31
June	1500	0	0		30
July	1500	0	0		31
August	1500	0	0		31
September	7500	0	0		30
October	7500	0	0		31
November	7500	0	0		30
December	7500	0	0		31
TOTAL	60000		0		

Submitted Electronically