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 # 34747
Name: Natural Capital LLC
Address 1: 399 PERRY ST. STE 200
Address 2:
City: CASTLE ROCK State: CO Zip: 80104 + __ __ __ __
Contact Person: Ryan Allen
Phone: (406) 350-1235
Lease Name: CLARKSON 41
Well Number: 2

API No.: 15-125-27667-00-01
Permit No: E28632.1
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SW - SW Sec. 27 Twp. 33 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
716 feet from ☐ N / ☑ S Line of Section
5142 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 350 psi Injection Zone: WAYSIDE
Maximum Authorized Injection Rate: 350 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	1250	220	0		25
February	1250	220	0		25
March	1250	220	0		25
April	1250	220	0		25
May	1250	220	0		25
June	1000	220	0		20
July	1250	220	0		25
August	1250	220	0		25
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	9750		0		

Submitted Electronically