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 # 34563
Name: Clapp, Carl O. III dba Clapp Oil
Address 1: 27064 309TH RD
Address 2:
City: CEDAR VALE State: KS Zip: 67024 + __ __ __ __
Contact Person: Trey Clapp
Phone: (580) 761-1254
Lease Name: OLSEN
Well Number: B-3

API No.: 15-035-23905-00-01
Permit No: D26081.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - NE Sec. 1 Twp. 35 S. R. 7 ☑ E ☐ W
(Q/Q/Q/Q)
3018 feet from ☐ N / ☑ S Line of Section
1755 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 10000 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	6500	0	0		31
February	5800	0	0		28
March	6500	0	0		31
April	6500	0	0		30
May	6500	0	0		30
June	6500	0	0		30
July	6500	0	0		31
August	6500	0	0		31
September	6500	0	0		30
October	6500	0	0		31
November	6500	0	0		30
December	6500	0	0		31
TOTAL	77300		0		

Submitted Electronically