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 # 32875
Name: CWB Oil Company, LLC
Address 1: P.O. BOX 742
Address 2:
City: ST. FRANCIS State: KS Zip: 67756 + __ __ __ __
Contact Person: Walt Bowles
Phone: (785) 332-5586
Lease Name: WAGNER
Well Number: 2

API No.: 15-051-23798-00-02
Permit No: E28949.1
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - NW Sec. 18 Twp. 14 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
3673 feet from ☐ N / ☑ S Line of Section
4521 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 500 psi Injection Zone: KANSAS CITY,TORONTO,PLATTSMOUTH
Maximum Authorized Injection Rate: 1500 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	3100	0	0		31
February	2800	0	0		28
March	3100	0	0		31
April	3000	0	0		30
May	3100	0	0		31
June	3000	0	0		30
July	3100	0	0		31
August	3100	0	0		31
September	3000	0	0		30
October	3100	0	0		31
November	3000	0	0		30
December	3100	0	0		31
TOTAL	36500		0		

Submitted Electronically