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 # 35280
Name: C & K Operating LLC
Address 1: 413 S. MAIN
Address 2:
City: PRATT State: KS Zip: 67124 + __ __ __ __
Contact Person: Jim Kraft
Phone: (785) 252-7030
Lease Name: CYNTHIA REIMANN
Well Number: 1

API No.: 15-009-15115-00-05
Permit No: E31922.1
Reporting Year: 2017
(January 1 to December 31)

____ - E2 - SE - SE Sec. 33 Twp. 16 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 400 psi Injection Zone: _____
Maximum Authorized Injection Rate: 1000 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	4650	0	0		31
February	4200	0	0		28
March	4650	0	0		31
April	4500	0	0		30
May	4650	0	0		31
June	4500	0	0		30
July	4650	0	0		31
August	4650	0	0		31
September	4500	0	0		30
October	4650	0	0		31
November	4500	0	0		30
December	4650	0	0		31
TOTAL	54750		0		

Submitted Electronically