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 # 35092
Name: Coal Hollow LLC
Address 1: 3704 S. SANTA FE
Address 2:
City: CHANUTE State: KS Zip: 66720 + __ __ __ __
Contact Person: Keith Crawford
Phone: (620) 305-8863
Lease Name: LACEN
Well Number: 1 WI

API No.: 15-133-24489-00-00
Permit No: E23423.1
Reporting Year: 2017
(January 1 to December 31)

E2 - SE - SE - SW Sec. 1 Twp. 30 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
300 feet from ☐ N / ☑ S Line of Section
2650 feet from ☑ E / ☐ W Line of Section
County: Neosho

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: Bartlesville
Maximum Authorized Injection Rate: 100 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	155	150	0		31
February	140	150	0		28
March	155	150	0		31
April	150	150	0		30
May	155	150	0		31
June	150	150	0		30
July	155	150	0		31
August	155	150	0		31
September	150	150	0		30
October	155	150	0		31
November	150	150	0		30
December	155	150	0		31
TOTAL	1825		0		

Submitted Electronically