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 # 7023
Name: Klima Well Service, Inc.
Address 1: PO BOX 48
Address 2:
City: GREAT BEND State: KS Zip: 67530 + __ __ __ __
Contact Person: DENNIS V. KLIMA
Phone: (620) 793-8888
Lease Name: GUNN
Well Number: 4

API No.: 15-009-19091-00-00
Permit No: D22360.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - SE Sec. 26 Twp. 19 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1900 feet from ☐ N / ☑ S Line of Section
221 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 750 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	22150	0	0		31
February	20870	0	0		28
March	22040	0	0		31
April	21470	0	0		30
May	22175	0	0		31
June	21710	0	0		30
July	22000	0	0		31
August	21850	0	0		31
September	20960	0	0		30
October	22076	0	0		31
November	21250	0	0		30
December	21875	0	0		31
TOTAL	260426		0		

Submitted Electronically