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 # 35018
Name: Entransco Energy, LLC
Address 1: PO BOX 578
Address 2:
City: DEWEY State: OK Zip: 74029 + __ __ __ __
Contact Person: Ray Gilbert
Phone: (918) 331-6708
Lease Name: CROSS
Well Number: 6

API No.: 15-073-22215-00-01
Permit No: D32437.0
Reporting Year: 2018
(January 1 to December 31)

NW - SW - SE - NE Sec. 12 Twp. 27 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
2988 feet from ☐ N / ☑ S Line of Section
1007 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2500 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	0	0			0
February	0	0			0
March	0	0			0
April	0	0			0
May	0	0			0
June	0	0			0
July	0	0			0
August	0	0			0
September	0	0			0
October	0	0			0
November	0	0			0
December	0	0			0
TOTAL	0		0		

Submitted Electronically