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 # 30851
Name: Carter, Calvin Gene
Address 1: 1072 RD 26
Address 2:
City: SEDAN State: KS Zip: 67361 + 8807
Contact Person: Calvin Carter
Phone: (620) 725-3090
Lease Name: CARTER OSCAR
Well Number: 1 SWD

API No.: 15-019-21611-00-00
Permit No: D20848.0
Reporting Year: 2018
(January 1 to December 31)

SE - SE - NE - SE Sec. 9 Twp. 34 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
1392 feet from ☐ N / ☑ S Line of Section
98 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: Big Salt
Maximum Authorized Injection Rate: 200 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	620	150	0	0	31
February	560	150	0	0	28
March	620	150	0	0	31
April	600	150	0	0	30
May	620	150	0	0	31
June	600	150	0	0	30
July	620	150	0	0	31
August	620	150	0	0	31
September	600	150	0	0	30
October	620	150	0	0	31
November	600	150	0	0	30
December	620	150	0	0	31
TOTAL	7300		0		

Submitted Electronically