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 # 33097
Name: Southern Star Central Gas Pipeline, Inc.
Address 1: 4700 HWY 56
Address 2:
City: OWENSBORO State: KY Zip: 42301 + 9303
Contact Person: Carly Walton
Phone: (270) 852-4372
Lease Name: CARR
Well Number: 2

API No.: 15-003-23856-00-00
Permit No: D27139.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SW - SE Sec. 27 Twp. 21 S. R. 19 ☑ E ☐ W
(Q/Q/Q/Q)
100 feet from ☐ N / ☑ S Line of Section
1650 feet from ☑ E / ☐ W Line of Section
County: Anderson

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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(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	0	0
February	4366	0	0	0	15
March	1940	0	0	0	10
April	750	0	0	0	3
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	7056		0		

Submitted Electronically