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 # 33192
Name: Crown Energy Company
Address 1: 1117 N.W. 24TH ST.
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73106 + __ __ __ __
Contact Person: Grace Gilland
Phone: (405) 228-0808
Lease Name: MILLS
Well Number: LCS 4

API No.: 15-015-23524-00-01
Permit No: D28477.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NW - NE Sec. 27 Twp. 25 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
4688 feet from ☐ N / ☑ S Line of Section
4484 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 2000 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	2600	0	0	0	31
February	3770	0	0	0	28
March	4350	0	0	0	31
April	4350	0	0	0	30
May	4495	0	0	0	31
June	4350	0	0	0	30
July	4495	0	0	0	31
August	4495	0	0	0	31
September	4350	0	0	0	30
October	13725	0	0	0	31
November	9600	0	0	0	30
December	9245	0	0	0	31
TOTAL	69825		0		

Submitted Electronically