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 # 6509
Name: Cla-Mar Oil Company, LLC
Address 1: PO BOX 506
Address 2:
City: HAYS State: KS Zip: 67601 + 0506
Contact Person: Jim Clark
Phone: (785) 259-5575
Lease Name: DECHANT
Well Number: 1

API No.: 15-051-23949-00-02
Permit No: D24904.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - S2 - S2 Sec. 17 Twp. 14 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
392 feet from ☐ N / ☑ S Line of Section
4047 feet from ☑ E / ☐ W Line of Section
County: Ellis

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	14880	0	0	0	31
February	13440	0	0	0	28
March	14880	0	0	0	31
April	14400	0	0	0	30
May	14880	0	0	0	31
June	14400	0	0	0	30
July	14880	0	0	0	31
August	14880	0	0	0	31
September	14400	0	0	0	30
October	14880	0	0	0	31
November	14400	0	0	0	30
December	14880	0	0	0	31
TOTAL	175200		0		

Submitted Electronically