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 # 33736
Name: Cortam, Inc.
Address 1: 806 BELMONT AVE
Address 2:
City: AUGUSTA State: KS Zip: 67010 + 2210
Contact Person: Corky Cook
Phone: (316) 775-2521
Lease Name: FUSON
Well Number: 1-5

API No.: 15-173-20696-00-00
Permit No: D23897.0
Reporting Year: 2018
(January 1 to December 31)

____ - W2 - NW - SW Sec. 5 Twp. 26 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
1980 feet from ☐ N / ☑ S Line of Section
4950 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: 1000 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	5040	0			14
February	0	0			
March	0	0			
April	0	0			
May	8640	0			24
June	7560	0			21
July	10080	0			28
August	5760	0			16
September	0	0			
October	0	0			
November	0	0			
December	0	0			
TOTAL	37080		0		

Submitted Electronically