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 # 3532
Name: CMX, Inc.
Address 1: 1700 N WATERFRONT PKWY BLDG 300B
Address 2:
City: WICHITA State: KS Zip: 67206 + 6628
Contact Person: Leah Kasten
Phone: (316) 269-9052
Lease Name: LEMON
Well Number: 2-A

API No.: 15-007-22175-00-02
Permit No: D26891.0
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - SE - SE Sec. 8 Twp. 30 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
666 feet from ☐ N / ☑ S Line of Section
609 feet from ☑ E / ☐ W Line of Section
County: Barber

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: _____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1467	0	0	0	31
February	1305	0	0	0	28
March	1386	0	0	0	31
April	1425	0	0	0	30
May	1036	0	0	0	31
June	1379	0	0	0	30
July	1470	0	0	0	31
August	1461	0	0	0	31
September	1119	0	0	0	30
October	1354	0	0	0	31
November	1155	0	0	0	30
December	1126	0	0	0	31
TOTAL	15683		0		

Submitted Electronically