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 # 30102
Name: Chriestenson, Robert dba C & S Oil
Address 1: 1607 MAIN
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4033
Contact Person: Trent Chriestenson
Phone: (620) 365-0919
Lease Name: KRAMER
Well Number: 7

API No.: 15-207-02368-00-02
Permit No: E29033.1
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NE - NW Sec. 8 Twp. 24 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
4840 feet from ☐ N / ☑ S Line of Section
3190 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 450 psi Injection Zone: MISSISSIPPI
Maximum Authorized Injection Rate: 200 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	1475	0	0		31
February	1355	0	0		28
March	1695	0	0		31
April	1650	0	0		30
May	1680	0	0		31
June	1590	0	0		30
July	1670	0	0		31
August	1705	0	0		31
September	1640	0	0		30
October	1742	0	0		31
November	1635	0	0		30
December	1750	0	0		31
TOTAL	19587		0		

Submitted Electronically