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 # 33524
Name: Yost, Greg and Candace dba G & C Oil
Address 1: PO BOX 798
Address 2:
City: HAYS State: KS Zip: 67601 + 1650
Contact Person: Greg Yost
Phone: (785) 628-9530
Lease Name: KREUTZER
Well Number: 2

API No.: 15-051-25709-00-01
Permit No: E30622.1
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NW - NE Sec. 9 Twp. 12 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
4586 feet from ☐ N / ☑ S Line of Section
1882 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: 500 psi Injection Zone: LANSING E,LANSING F,LANSING G
Maximum Authorized Injection Rate: 500 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	2170	275	0		31
February	1960	275	0		28
March	2170	275	0		31
April	2100	275	0		30
May	2170	275	0		31
June	2100	275	0		30
July	2170	275	0		31
August	2170	275	0		31
September	2100	275	0		30
October	2170	275	0		31
November	2100	275	0		30
December	2170	27	0		31
TOTAL	25550		0		

Submitted Electronically