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 # 32278
Name: Tengasco, Inc.
Address 1: 1327 NOOSE RD
Address 2: PO BOX 458
City: HAYS State: KS Zip: 67601 + 0458
Contact Person: Keith Karlin
Phone: (785) 625-6374
Lease Name: CHAFFIN
Well Number: 1

API No.: 15-163-21769-00-01
Permit No: D22219.0
Reporting Year: 2018
(January 1 to December 31)

NW - NE - SE - NW Sec. 19 Twp. 7 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
3715 feet from ☐ N / ☑ S Line of Section
3000 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 8000 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	29357	0	0		31
February	26516	0	0		28
March	29357	0	0		31
April	28410	0	0		30
May	29357	0	0		31
June	28410	0	0		30
July	29357	0	0		31
August	29357	0	0		31
September	28410	0	0		30
October	29357	0	0		31
November	28410	0	0		30
December	29357	0	0		31
TOTAL	345655		0		

Submitted Electronically