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: FOSTER
Well Number: 5

API No.: 15-167-22163-00-00
Permit No: D22259.0
Reporting Year: 2018
(January 1 to December 31)

NW - NW - SE - SE Sec. 33 Twp. 15 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
1074 feet from ☐ N / ☑ S Line of Section
1300 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 2000 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	7626	0	0		31
February	6888	0	0		28
March	7626	0	0		31
April	7380	0	0		30
May	7626	0	0		31
June	7380	0	0		30
July	7626	0	0		31
August	7626	0	0		31
September	7380	0	0		30
October	7626	0	0		31
November	7380	0	0		30
December	7626	0	0		31
TOTAL	89790		0		

Submitted Electronically