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 # 33948
Name: C & J Production LLC
Address 1: 4 FAIRWAY DR
Address 2:
City: MARION State: KS Zip: 66861 + 1139
Contact Person: Michael Sigel
Phone: ( 620 ) 382-4084
Lease Name: WILLIAMS
Well Number: 4

API No.: 15-113-20090-00-01
Permit No: D23372.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - NW - NE - NE Sec. 6 Twp. 19 S. R. 2 ☐ E ☑ W
*(Q/Q/Q/Q)*
5083 feet from ☐ N / ☑ S Line of Section
1041 feet from ☑ E / ☐ W Line of Section
County: McPherson

**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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 3600 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 | 6158 | 0 | 0 | | 31 |
| February | 5744 | 0 | 0 | | 28 |
| March | 6148 | 0 | 0 | | 31 |
| April | 5947 | 0 | 0 | | 30 |
| May | 6161 | 0 | 0 | | 31 |
| June | 5960 | 0 | 0 | | 30 |
| July | 6148 | 0 | 0 | | 31 |
| August | 6163 | 0 | 0 | | 31 |
| September | 5942 | 0 | 0 | | 30 |
| October | 6153 | 0 | 0 | | 31 |
| November | 5949 | 0 | 0 | | 30 |
| December | 6160 | 0 | 0 | | 31 |
| ***TOTAL*** | 72633 | | 0 | | |

Submitted Electronically