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 # 34827
Name: C3Oil, LLC
Address 1: 600 ARROWHEAD ST
Address 2:
City: NEW STRAWN State: KS Zip: 66839 + 8929
Contact Person: CHRIS HAAS
Phone: (913) 515-5329
Lease Name: WINTERSCHEID
Well Number: 45

API No.: 15-207-28687-00-00
Permit No: D31778.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NE - SW Sec. 6 Twp. 24 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
2181 feet from ☐ N / ☑ S Line of Section
3580 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: 250 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 250 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	6212	0	0	0	31
February	6800	0	0	0	28
March	6214	0	0	0	31
April	5291	0	0	0	30
May	6321	0	0	0	31
June	6410	0	0	0	29
July	0	0	0	0	0
August	0	0	0	0	0
September	1457	0	0	0	12
October	6319	0	0	0	31
November	7316	0	0	0	30
December	6128	0	0	0	31
TOTAL	58468		0		

Submitted Electronically