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 # 9090
Name: Charter Energy, Inc.
Address 1: PO BOX 252
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 0252
Contact Person: Steve Baize
Phone: (620) 793-9090
Lease Name: STAFFORD
Well Number: 12

API No.: 15-185-19090-00-01
Permit No: D21835.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SE - SE Sec. 33 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
347 feet from ☐ N / ☑ S Line of Section
2959 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 50 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 5000 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	23600	0	0	0	31
February	21800	0	0	0	28
March	23500	0	0	0	31
April	22700	0	0	0	30
May	23200	0	0	0	31
June	22800	0	0	0	30
July	23500	0	0	0	31
August	23400	0	0	0	31
September	29700	0	0	0	30
October	33300	0	0	0	31
November	31900	0	0	0	30
December	33400	0	0	0	31
TOTAL	312800		0		

Submitted Electronically