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 # 35092
Name: Coal Hollow LLC
Address 1: 3704 S. SANTA FE AVE
Address 2:
City: CHANUTE State: KS Zip: 66720 + 3247
Contact Person: Keith Crawford
Phone: (620) 305-8863
Lease Name: LACEN
Well Number: 2 WI

API No.: 15-133-24801-00-00
Permit No: E23423.2
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - ____ - SW Sec. 1 Twp. 30 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
660 feet from ☐ N / ☑ S Line of Section
3300 feet from ☑ E / ☐ W Line of Section
County: Neosho

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: 500 psi Injection Zone: Barltesville
Maximum Authorized Injection Rate: 100 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	153	150	0	0	31
February	136	150	0	0	28
March	151	150	0	0	31
April	146	150	0	0	30
May	147	150	0	0	31
June	149	150	0	0	30
July	151	150	0	0	31
August	154	150	0	0	31
September	142	150	0	0	30
October	153	150	0	0	31
November	141	150	0	0	30
December	149	150	0	0	31
TOTAL	1772		0		

Submitted Electronically