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 # 35280
Name: C & K Operating LLC
Address 1: 413 S. MAIN
Address 2:
City: PRATT State: KS Zip: 67124 + __ __ __ __
Contact Person: Jim Kraft
Phone: (620) 672-9700
Lease Name: WILLIAMS C D OWWO
Well Number: 4

API No.: 15-077-00120-00-01
Permit No: E21811.1
Reporting Year: 2018
(January 1 to December 31)

___ - NW - NW - SE Sec. 9 Twp. 35 S. R. 5 ☐ E ☑ W
(Q/Q/Q/Q)
2171 feet from ☐ N / ☑ S Line of Section
2145 feet from ☑ E / ☐ W Line of Section
County: Harper

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: 450 psi Injection Zone: SIMPSON
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	0	0	0		
February	0	0	0		
March	0	0	0		
April	0	0	0		
May	0	0	0		
June	0	0	0		
July	0	0	0		
August	0	0	0		
September	0	0	0		
October	0	0	0		
November	0	0	0		
December	0	0	0		
TOTAL	0		0		

Submitted Electronically