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 # 31428
Name: Crawford, Jeff dba Lonestar Oil Co
Address 1: PO BOX 205
Address 2:
City: GORHAM State: KS Zip: 67640 + 0205
Contact Person: Jeff Crawford
Phone: (785) 735-4585
Lease Name: CRAMM
Well Number: 1

API No.: 15-167-08180-00-02
Permit No: D04935.0
Reporting Year: 2018
(January 1 to December 31)

SW - NE - NW - SE Sec. 11 Twp. 14 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
2026 feet from ☐ N / ☑ S Line of Section
1802 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 275 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 400 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	7460	0	0	0	31
February	6980	0	0	0	28
March	7455	0	0	0	31
April	7215	0	0	0	30
May	7466	0	0	0	31
June	6260	0	0	0	30
July	8215	0	0	0	31
August	8190	0	0	0	31
September	7995	0	0	0	30
October	8140	0	0	0	31
November	7840	0	0	0	30
December	7960	0	0	0	31
TOTAL	91176		0		

Submitted Electronically