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 # 30102
Name: Chriestenson, Robert dba C & S Oil
Address 1: 1607 MAIN
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4033
Contact Person: Robert Chriestenson
Phone: ( 620 ) 365-0919
Lease Name: DIVER
Well Number: 15

API No.: 15-207-28532-00-00
Permit No: D32205.0
Reporting Year: 2018
*(January 1 to December 31)*

NW - SW - NE - SW Sec. 33 Twp. 23 S. R. 17 ☑ E ☐ W
*(Q/Q/Q/Q)*
1785 feet from ☐ N / ☑ S Line of Section
3885 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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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 | 930 | 0 | 0 | | 31 |
| February | 840 | 0 | 0 | | 28 |
| March | 930 | 0 | 0 | | 31 |
| April | 900 | 0 | 0 | | 30 |
| May | 930 | 0 | 0 | | 31 |
| June | 900 | 0 | 0 | | 30 |
| July | 930 | 0 | 0 | | 31 |
| August | 930 | 0 | 0 | | 31 |
| September | 900 | 0 | 0 | | 30 |
| October | 930 | 0 | 0 | | 31 |
| November | 900 | 0 | 0 | | 30 |
| December | 930 | 0 | 0 | | 31 |
| ***TOTAL*** | 10950 | | 0 | | |

Submitted Electronically