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: WILLIAMSON
Well Number: W 4

API No.: 15-031-20755-00-01
Permit No: D19838.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - NE - NE Sec. 4 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4304 feet from ☐ N / ☑ S Line of Section
626 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 175 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 52 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	93	0	0		31
February	84	0	0		28
March	93	0	0		31
April	90	0	0		30
May	93	0	0		31
June	90	0	0		30
July	93	0	0		31
August	93	0	0		31
September	90	0	0		30
October	93	0	0		31
November	90	0	0		30
December	93	0	0		31
TOTAL	1095		0		

Submitted Electronically