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 # 4871
Name: Curt's Oil Operation, LLC
Address 1: PO BOX 8
Address 2:
City: GREAT BEND State: KS Zip: 67530 + __ __ __ __
Contact Person: Francis Hitschmann
Phone: (620) 793-2540
Lease Name: DREILING
Well Number: 4

API No.: 15-051-01639-00-01
Permit No: D18440.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NE - NE Sec. 30 Twp. 13 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
4967 feet from ☐ N / ☑ S Line of Section
3036 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 100 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 450 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	0	31
February	0	0	0	0	28
March	0	0	0	0	31
April	0	0	0	0	30
May	0	0	0	0	31
June	0	0	0	0	30
July	0	0	0	0	31
August	0	0	0	0	31
September	0	0	0	0	30
October	0	0	0	0	31
November	0	0	0	0	30
December	0	0	0	0	31
TOTAL	0		0		

Submitted Electronically