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: BEFORT
Well Number: 5

API No.: 15-051-04678-00-00
Permit No: D08698.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - NE - SE - NW Sec. 11 Twp. 14 S. R. 20 ☐ E ☑ W
*(Q/Q/Q/Q)*
3832 feet from ☐ N / ☑ S Line of Section
1013 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: 200 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 770 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 | 7250 | 0 | 0 | 0 | 31 |
| February | 6450 | 0 | 0 | 0 | 28 |
| March | 7125 | 0 | 0 | 0 | 31 |
| April | 6900 | 0 | 0 | 0 | 30 |
| May | 7250 | 0 | 0 | 0 | 31 |
| June | 7000 | 0 | 0 | 0 | 30 |
| July | 7050 | 0 | 0 | 0 | 31 |
| August | 7300 | 0 | 0 | 0 | 31 |
| September | 6995 | 0 | 0 | 0 | 30 |
| October | 6980 | 0 | 0 | 0 | 31 |
| November | 7300 | 0 | 0 | 0 | 30 |
| December | 7265 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 84865 | | 0 | | |

Submitted Electronically