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 # 3532
Name: CMX, Inc.
Address 1: 1700 N WATERFRONT PKWY BLDG 300B
Address 2:
City: WICHITA State: KS Zip: 67206 + 6628
Contact Person: Leah Kasten
Phone: (316) 269-9052
Lease Name: ALBERT
Well Number: 3

API No.: 15-007-22703-00-01
Permit No: D28357.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NW - NW Sec. 16 Twp. 35 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
2410 feet from ☐ N / ☑ S Line of Section
4963 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 0 psi Injection Zone: TORONTO
Maximum Authorized Injection Rate: 300 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	3100	0	0	0	31
February	2500	0	0	0	28
March	3000	0	0	0	31
April	2900	0	0	0	30
May	3100	0	0	0	31
June	2900	0	0	0	30
July	3000	0	0	0	31
August	3100	0	0	0	31
September	3000	0	0	0	30
October	3000	0	0	0	31
November	2900	0	0	0	30
December	3000	0	0	0	31
TOTAL	35500		0		

Submitted Electronically