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 # 32278
Name: Tengasco, Inc.
Address 1: 1327 NOOSE RD
Address 2: PO BOX 458
City: HAYS State: KS Zip: 67601 + 0458
Contact Person: Keith Karlin
Phone: (785) 625-6374
Lease Name: THYFAULT
Well Number: 3WD

API No.: 15-163-20309-00-01
Permit No: D23407.0
Reporting Year: 2019
(January 1 to December 31)

NW - SE - NW - ____ Sec. 8 Twp. 9 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
3630 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: Cedar Hills
Maximum Authorized Injection Rate: 1000 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	3844	0	0	0	31
February	3472	0	0	0	28
March	3844	0	0	0	31
April	3720	0	0	0	30
May	3844	0	0	0	31
June	3720	0	0	0	30
July	3844	0	0	0	31
August	3844	0	0	0	31
September	3720	0	0	0	30
October	3844	0	0	0	31
November	3720	0	0	0	30
December	3844	0	0	0	31
TOTAL	45260		0		

Submitted Electronically