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 # 33192
Name: Crown Energy Company
Address 1: 1117 N.W. 24TH ST.
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73106 + 5615
Contact Person: Grace Gilland
Phone: (405) 526-0111
Lease Name: L W ROBISON
Well Number: 4B

API No.: 15-015-23607-00-01
Permit No: E21399.2
Reporting Year: 2019
(January 1 to December 31)

SE - SW - NW - ____ Sec. 17 Twp. 25 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
3109 feet from ☐ N / ☑ S Line of Section
4407 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 600 psi Injection Zone: Mississippian
Maximum Authorized Injection Rate: 1500 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	600	0	0	0
February	0	600	0	0	0
March	0	600	0	0	0
April	0	600	0	0	0
May	0	600	0	0	0
June	0	600	0	0	0
July	0	600	0	0	0
August	0	600	0	0	0
September	0	600	0	0	0
October	0	600	0	0	0
November	0	600	0	0	0
December	0	600	0	0	0
TOTAL	0		0		

Submitted Electronically