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 # 35120
Name: Crude Kin Oil Company, Inc.
Address 1: 202 N. 13TH STREET
Address 2:
City: LOUISBURG State: KS Zip: 66053 + 3520
Contact Person: Lesli Baker
Phone: (913) 980-2100
Lease Name: MCDONALD
Well Number: 11 W

API No.: 15-107-21590-00-00
Permit No: E21944.6
Reporting Year: 2019
(January 1 to December 31)

NW - ___ - ___ - ___ Sec. 27 Twp. 19 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
5055 feet from ☐ N / ☑ S Line of Section
3955 feet from ☑ E / ☐ W Line of Section
County: Linn

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: Cattleman
Maximum Authorized Injection Rate: 50 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	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	233	250	0	0	30
June	220	250	0	0	30
July	235	250	0	0	31
August	240	250	0	0	31
September	230	250	0	0	30
October	241	250	0	0	31
November	220	250	0	0	30
December	233	250	0	0	31
TOTAL	1852		0		

Submitted Electronically