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 # 7023
Name: Klima Well Service, Inc.
Address 1: 1317 VAN FLEET LN
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 6313
Contact Person: Dennis Klima
Phone: (620) 793-6416
Lease Name: JOHNSON
Well Number: 2

API No.: 15-009-20386-00-01
Permit No: E26996.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SW - SW Sec. 24 Twp. 18 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
974 feet from ☐ N / ☑ S Line of Section
4454 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 50 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 800 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	3110				29
February	3228				29
March	3300				31
April	332				3
May	0				0
June	0				0
July	0				0
August	0				0
September	0				0
October	0				0
November	0				0
December	0				0
TOTAL	9970		0		

Submitted Electronically