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 # 30102
Name: Chriestenson, Robert dba C & S Oil
Address 1: 1607 MAIN ST
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4033
Contact Person: Robert Christenson
Phone: (620) 365-0919
Lease Name: YOHO
Well Number: 6

API No.: 15-207-23545-00-01
Permit No: E23571.1
Reporting Year: 2019
(January 1 to December 31)

N2 - NW - NW - SE Sec. 26 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2600 feet from ☐ N / ☑ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 400 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	620	200	0		31
February	560	200	0		28
March	620	200	0		31
April	600	200	0		30
May	620	200	0		31
June	600	200	0		30
July	620	200	0		31
August	620	200	0		31
September	600	200	0		30
October	620	200	0		31
November	600	200	0		30
December	620	200			31
TOTAL	7300		0		

Submitted Electronically