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 # 33386
Name: C G Oil, Inc.
Address 1: 2550 AIRBASE RD
Address 2: PO BOX 207
City: VICTORIA State: KS Zip: 67671 + 0207
Contact Person: Ron Schmidtberger
Phone: (785) 735-4741
Lease Name: JMR
Well Number: 2

API No.: 15-009-30395-00-01
Permit No: D32085.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NE - NE Sec. 28 Twp. 16 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
330 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: 0 psi Injection Zone: arbuckle
Maximum Authorized Injection Rate: 2500 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	143	0	0	0	31
February	143	0	0	0	28
March	143	0	0	0	31
April	143	0	0	0	30
May	143	0	0	0	31
June	143	0	0	0	30
July	143	0	0	0	31
August	143	0	0	0	31
September	143	0	0	0	30
October	143	0	0	0	31
November	143	0	0	0	30
December	143	0	0	0	31
TOTAL	1716		0		

Submitted Electronically