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 # 34563
Name: Clapp, Carl O. III dba Clapp Oil
Address 1: 27064 309TH RD
Address 2:
City: CEDAR VALE State: KS Zip: 67024 + 9327
Contact Person: Trey Clapp
Phone: (580) 761-1254
Lease Name: OLSEN
Well Number: B-3

API No.: 15-035-23905-00-01
Permit No: D26081.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - SW - NE Sec. 1 Twp. 35 S. R. 7 ☑ E ☐ W
(Q/Q/Q/Q)
3018 feet from ☐ N / ☑ S Line of Section
1755 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 10000 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	6000				31
February	5500				28
March	6000				31
April	6000				30
May	6000				31
June	6000				30
July	6000				31
August	6000				31
September	6000				30
October	6000				31
November	6000				30
December	6000				31
TOTAL	71500		0		

Submitted Electronically