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 # 33690
Name: Elmer L. Karst Oil, a General Partnership
Address 1: 18596 I 70 RD
Address 2: BOX 208
City: RUSSELL State: KS Zip: 67665 + 0208
Contact Person: STEVE KARST
Phone: (785) 483-3362
Lease Name: WITT
Well Number: 1

API No.: 15-167-19297-00-00
Permit No: D01178.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - NE Sec. 7 Twp. 14 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
3508 feet from ☐ N / ☑ S Line of Section
2194 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 500 psi Injection Zone: SALT PLAIN,HARPER
Maximum Authorized Injection Rate: 355 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	1860				31
February	1680				28
March	1860				31
April	1800				30
May	1860				31
June	0				0
July	1860				31
August	1860				31
September	1800				30
October	1860				31
November	1800				30
December	1860				31
TOTAL	20100		0		

Submitted Electronically