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 # 35280
Name: C & K Operating LLC
Address 1: PO BOX 273
Address 2:
City: KINGMAN State: KS Zip: 67068 + 0273
Contact Person: Jim Kraft
Phone: (785) 252-7030
Lease Name: MILES A
Well Number: 7

API No.: 15-095-17706-00-01
Permit No: E07702.6
Reporting Year: 2019
(January 1 to December 31)

____ - N2 - S2 - NE Sec. 30 Twp. 27 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
3630 feet from ☐ N / ☑ S Line of Section
1320 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 2000 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	9300	0	0		31
February	8400	0	0		28
March	9300	0	0		31
April	9000	0	0		30
May	9300	0	0		31
June	9000	0	0		30
July	9300	0	0		31
August	9300	0	0		31
September	9000	0	0		30
October	9300	0	0		31
November	9000	0	0		30
December	9300	0	0		31
TOTAL	109500		0		

Submitted Electronically