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 # 34827
Name: C3Oil, LLC
Address 1: 600 ARROWHEAD ST
Address 2:
City: NEW STRAWN State: KS Zip: 66839 + 8929
Contact Person: CHRIS HAAS
Phone: (913) 515-5329
Lease Name: T F SCHNEIDER
Well Number: 32

API No.: 15-073-19480-00-01
Permit No: E15851.7
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NW - NW Sec. 10 Twp. 23 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
4180 feet from ☐ N / ☑ S Line of Section
4775 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 300 psi Injection Zone: MISSISSIPPIAN

Maximum Authorized Injection Rate: 100 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	2280	275	0	0	31
February	2135	200	0	0	28
March	2251	205	0	0	31
April	2760	210	0	0	30
May	2642	200	0	0	31
June	2714	270	0	0	30
July	2671	205	0	0	31
August	2484	205	0	0	31
September	2610	200	0	0	30
October	2672	205	0	0	31
November	2812	260	0	0	30
December	2849	250	0	0	31
TOTAL	30880		0		

Submitted Electronically