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: BAYS
Well Number: 18

API No.: 15-073-21676-00-02
Permit No: E05964.2
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - SE Sec. 29 Twp. 23 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
1051 feet from ☐ N / ☑ S Line of Section
2445 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: 800 psi Injection Zone: MISSISSIPPIAN

Maximum Authorized Injection Rate: 250 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	0	0	0	0	0
February	0	0	0	0	0
March	22	311	0	0	1
April	6122	390	0	0	30
May	6450	384	0	0	31
June	6822	395	0	0	30
July	6420	390	0	0	31
August	6691	385	0	0	31
September	6573	394	0	0	30
October	6789	390	0	0	31
November	6320	382	0	0	30
December	6670	380	0	0	31
TOTAL	58879		0		

Submitted Electronically