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 # 34144
Name: Camio Enterprises, LLC
Address 1: PO BOX 308
Address 2:
City: AUGUSTA State: KS Zip: 67010 + 0308
Contact Person: Pamela Baker
Phone: (316) 775-1955
Lease Name: GORMAN
Well Number: 1

API No.: 15-173-03695-00-01
Permit No: E25094.1
Reporting Year: 2019
(January 1 to December 31)

SW - NE - NW - SW Sec. 6 Twp. 26 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
2096 feet from ☐ N / ☑ S Line of Section
4311 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: 150 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 1000 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	5000	150	0	0	31
February	4533	150	0	0	29
March	5666	150	0	0	30
April	4006	150	0	0	30
May	5730	150	0	0	31
June	0	150	0	0	30
July	5560	150	0	0	31
August	4135	150	0	0	31
September	0	150	0	0	30
October	0	150	0	0	31
November	4588	150	0	0	30
December	4446	1503	0	0	31
TOTAL	43664		0		

Submitted Electronically