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 # 3532
Name: CMX, Inc.
Address 1: 9330 E CENTRAL SUITE 300
Address 2:
City: WICHITA State: KS Zip: 67206 + 6610
Contact Person: Douglas H McGinness II
Phone: ( 316 ) 269-9052
Lease Name: KREHBIEL TRUST SWD
Well Number: 1

API No.: 15-159-21007-00-01
Permit No: D32066.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - NW - NW - SE Sec. 1 Twp. 21 S. R. 6 ☐ E ☑ W
*(Q/Q/Q/Q)*
1980 feet from ☐ N / ☑ S Line of Section
1980 feet from ☑ E / ☐ W Line of Section
County: Rice

**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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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 |
| February | 0 | 0 | | | 0 |
| March | 0 | 0 | | | 0 |
| April | 0 | 0 | | | 0 |
| May | 0 | 0 | | | 0 |
| June | 0 | 0 | | | 0 |
| July | 0 | 0 | | | 0 |
| August | 0 | 0 | | | 0 |
| September | 0 | 0 | | | 0 |
| October | 0 | 0 | | | 0 |
| November | 0 | 0 | | | 0 |
| December | 0 | 0 | | | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically