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 # 33736
Name: Cortam, Inc.
Address 1: 806 BELMONT AVE
Address 2:
City: AUGUSTA State: KS Zip: 67010 + 2210
Contact Person: Corky Cook
Phone: (316) 775-2521
Lease Name: MCCRANER
Well Number: B 5

API No.: 15-015-22039-00-00
Permit No: E17323.2
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SE - SW Sec. 36 Twp. 24 S. R. 3 ☑ E ☐ W
(Q/Q/Q/Q)
1258 feet from ☐ N / ☑ S Line of Section
3183 feet from ☑ E / ☐ W Line of Section
County: Butler

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 525 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	1860	0			31
February	1740	0			29
March	1860	0			31
April	1800	0			30
May	1860	0			31
June	1800	0			30
July	1860	0			31
August	1860	0			31
September	1800	0			30
October	900	0			15
November	1800	0			30
December	1860	0			31
TOTAL	21000		0		

Submitted Electronically