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 # 34387
Name: C5 Energy LLC
Address 1: PO BOX 725
Address 2:
City: COLLINSVILLE State: OK Zip: 74021 + 0725
Contact Person: Stan Miller II
Phone: (918) 798-4506
Lease Name: STENGER
Well Number: 1

API No.: 15-137-20049-00-02
Permit No: E21177.2
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - NW Sec. 2 Twp. 5 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
4628 feet from ☐ N / ☑ S Line of Section
3335 feet from ☑ E / ☐ W Line of Section
County: Norton

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: 1100 psi Injection Zone: GORHAM
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	3100	1000			31
February	2900	1000			29
March	3100	1000			31
April	3000	1000			30
May	3100	1000			31
June	3000	1000			30
July	3100	1000			31
August	3100	1000			31
September	3000	1000			30
October	3100	1000			31
November	3000	1000			30
December	3100	1000			31
TOTAL	36600		0		

Submitted Electronically