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 # 35280
Name: C & K Operating LLC
Address 1: PO BOX 273
Address 2:
City: KINGMAN State: KS Zip: 67068 + 0273
Contact Person: James Kraft
Phone: (620) 553-5050
Lease Name: ALAMEDA
Well Number: 6-6

API No.: 15-095-22232-00-00
Permit No: D30976.0
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SE - NW Sec. 27 Twp. 28 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 20000 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	170500	0	0		31
February	154000	0	0		29
March	170500	0	0		31
April	165000	0	0		30
May	170500	0	0		31
June	165000	0	0		30
July	170500	0	0		31
August	170500	0	0		31
September	165000	0	0		30
October	170500	0	0		31
November	165000	0	0		30
December	170500	0	0		31
TOTAL	2007500		0		

Submitted Electronically