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 # 4871
Name: Curt's Oil Operation, LLC
Address 1: PO BOX 328
Address 2:
City: Hoisington State: KS Zip: 67544 + __ __ __ __
Contact Person: Francis Hitschmann
Phone: (620) 793-2540
Lease Name: NICHOLSON
Well Number: 1-26

API No.: 15-009-23057-00-01
Permit No: D23695.0
Reporting Year: 2020
(January 1 to December 31)

SE - NW - NW - ____ Sec. 26 Twp. 19 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
4312 feet from ☐ N / ☑ S Line of Section
4404 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 2000 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	10230	0	0	0	31
February	9240	0	0	0	28
March	10230	0	0	0	31
April	4950	0	0	0	30
May	0	0	0	0	31
June	0	0	0	0	30
July	2557	0	0	0	31
August	10230	0	0	0	31
September	0	0	0	0	30
October	0	0	0	0	31
November	0	0	0	0	30
December	0	0	0	0	31
TOTAL	47437		0		

Submitted Electronically