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 # 30102
Name: Chriestenson, Robert dba C & S Oil
Address 1: 1607 MAIN ST
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4033
Contact Person: Robert Chriestenson
Phone: (620) 365-0919
Lease Name: REINHARD KROHN
Well Number: 5

API No.: 15-207-27412-00-00
Permit No: D30293.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - SW Sec. 3 Twp. 24 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
2413 feet from ☐ N / ☑ S Line of Section
2869 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 500 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	310	0	0		31
February	280	0	0		28
March	310	0	0		31
April	300	0	0		30
May	310	0	0		31
June	300	0	0		30
July	310	0	0		31
August	310	0	0		31
September	300	0	0		30
October	310	0	0		31
November	300	0	0		30
December	310	0	0		31
TOTAL	3650		0		

Submitted Electronically