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 # 9090
Name: Charter Energy, Inc.
Address 1: PO BOX 252
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 0252
Contact Person: Steve Baize
Phone: (620) 793-9090
Lease Name: YOST TIMMONS
Well Number: 3

API No.: 15-159-21621-00-01
Permit No: D22380.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - NE Sec. 8 Twp. 18 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
4926 feet from ☐ N / ☑ S Line of Section
1976 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 100 psi Injection Zone: Arbuckle
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	7700	0	0	0	31
February	6900	0	0	0	28
March	7800	0	0	0	31
April	0	0	0	0	30
May	0	0	0	0	31
June	0	0	0	0	30
July	0	0	0	0	31
August	2600	0	0	0	31
September	7600	0	0	0	30
October	7600	0	0	0	31
November	7300	0	0	0	30
December	7100	0	0	0	31
TOTAL	54600		0		

Submitted Electronically