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: WILSON
Well Number: 4

API No.: 15-051-20200-00-01
Permit No: E16276.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - SE - NE Sec. 1 Twp. 15 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
2956 feet from ☐ N / ☑ S Line of Section
431 feet from ☑ E / ☐ W Line of Section
County: Ellis

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	39400	0	0	0	31
February	35000	0	0	0	28
March	38900	0	0	0	31
April	6500	0	0	0	30
May	6600	0	0	0	31
June	8800	0	0	0	30
July	22000	0	0	0	31
August	39500	0	0	0	31
September	38100	0	0	0	30
October	38700	0	0	0	31
November	37700	0	0	0	30
December	39300	0	0	0	31
TOTAL	350500		0		

Submitted Electronically