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: STAFFORD
Well Number: 12

API No.: 15-185-19090-00-01
Permit No: D21835.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - SE - SE - SW Sec. 33 Twp. 21 S. R. 13 ☐ E ☑ W
*(Q/Q/Q/Q)*
347 feet from ☐ N / ☑ S Line of Section
2959 feet from ☑ E / ☐ W Line of Section
County: Stafford

**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: 50 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 5000 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 | 32000 | 0 | 0 | 0 | 31 |
| February | 28700 | 0 | 0 | 0 | 28 |
| March | 32300 | 0 | 0 | 0 | 31 |
| April | 21700 | 0 | 0 | 0 | 30 |
| May | 22000 | 0 | 0 | 0 | 31 |
| June | 25500 | 0 | 0 | 0 | 30 |
| July | 27100 | 0 | 0 | 0 | 31 |
| August | 25800 | 0 | 0 | 0 | 31 |
| September | 30200 | 0 | 0 | 0 | 30 |
| October | 32900 | 0 | 0 | 0 | 31 |
| November | 31500 | 0 | 0 | 0 | 30 |
| December | 33000 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 342700 | | 0 | | |

Submitted Electronically