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 # 33235
Name: Chieftain Oil Co., Inc.
Address 1: 101 S. 5TH ST.
Address 2: PO BOX 124
City: KIOWA State: KS Zip: 67070 + 0124
Contact Person: Ron Molz
Phone: (620) 825-4030
Lease Name: CHIEFTAIN SWD
Well Number: 1

API No.: 15-007-23944-00-00
Permit No: D31484.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SE - NE Sec. 35 Twp. 31 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3648 feet from ☐ N / ☑ S Line of Section
622 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 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	10781	0	0	0	31
February	10753	0	0	0	29
March	12269	0	0	0	31
April	11718	0	0	0	30
May	11809	0	0	0	31
June	9622	0	0	0	30
July	11228	0	0	0	31
August	12160	0	0	0	31
September	11308	0	0	0	30
October	11692	0	0	0	31
November	11706	0	0	0	30
December	11659	0	0	0	31
TOTAL	136705		0		

Submitted Electronically