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 # 32428
Name: Crawford Oil LLC
Address 1: 30842 INDIANAPOLIS RD
Address 2:
City: PAOLA State: KS Zip: 66071 + 4699
Contact Person: Lesli Baker
Phone: ( 913 ) 636-1082
Lease Name: FEEBECK-THOMPSON
Well Number: I-1

API No.: 15-121-31040-00-00
Permit No: E23723.25
Reporting Year: 2020
*(January 1 to December 31)*

____ - NE - NW - SW Sec. 29 Twp. 17 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
2566 feet from ☐ N / ☑ S Line of Section
4589 feet from ☑ E / ☐ W Line of Section
County: Miami

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 400 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 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 | 0 | 400 | 0 | 0 | 31 |
| February | 0 | 400 | 0 | 0 | 29 |
| March | 0 | 400 | 0 | 0 | 31 |
| April | 0 | 400 | 0 | 0 | 30 |
| May | 0 | 400 | 0 | 0 | 31 |
| June | 0 | 400 | 0 | 0 | 30 |
| July | 0 | 400 | 0 | 0 | 31 |
| August | 0 | 400 | 0 | 0 | 31 |
| September | 0 | 400 | 0 | 0 | 30 |
| October | 0 | 400 | 0 | 0 | 31 |
| November | 0 | 400 | 0 | 0 | 30 |
| December | 0 | 400 | 0 | 0 | 31 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically