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 # 3449
Name: Coen Energy Corporation
Address 1: 11217 W 140TH PL
Address 2:
City: OVERLAND PARK State: KS Zip: 66221 + 8019
Contact Person: David Coen
Phone: ( 913 ) 515-8622
Lease Name: BRADLEY
Well Number: 36-25

API No.: 15-011-21177-00-01
Permit No: E20602.7
Reporting Year: 2020
*(January 1 to December 31)*

____ - NE - SW - SW Sec. 36 Twp. 23 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
1036 feet from ☐ N / ☑ S Line of Section
4556 feet from ☑ E / ☐ W Line of Section
County: Bourbon

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 20000mg/l mg/l Specific Gravity: ____ Additives: ____
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 520 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 50 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 | 90 | 200 | 0 | 0 | 31 |
| February | 80 | 200 | 0 | 0 | 29 |
| March | 90 | 200 | 0 | 0 | 31 |
| April | 80 | 200 | 0 | 0 | 30 |
| May | 90 | 200 | 0 | 0 | 31 |
| June | 90 | 200 | 0 | 0 | 30 |
| July | 90 | 200 | 0 | 0 | 31 |
| August | 80 | 200 | 0 | 0 | 31 |
| September | 90 | 200 | 0 | 0 | 30 |
| October | 80 | 200 | 0 | 0 | 31 |
| November | 80 | 200 | 0 | 0 | 30 |
| December | 90 | 200 | 0 | 0 | 31 |
| ***TOTAL*** | 1030 | | 0 | | |

Submitted Electronically