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 # 32875
Name: CWB Oil Company, LLC
Address 1: P.O. BOX 742
Address 2:
City: ST. FRANCIS State: KS Zip: 67756 + 0742
Contact Person: Robin Petersen
Phone: (785) 332-5586
Lease Name: WAGNER
Well Number: 2

API No.: 15-051-23798-00-02
Permit No: E28949.1
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SW - NW Sec. 18 Twp. 14 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
3673 feet from ☐ N / ☑ S Line of Section
4521 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: 500 psi Injection Zone: KANSAS CITY,PLATTSMOUTH,TORONTO
Maximum Authorized Injection Rate: 1500 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	2585				31
February	2140				29
March	2610				31
April	2535				30
May	2570				31
June	2505				30
July	2610				31
August	2575				31
September	2505				30
October	2595				31
November	2525				30
December	2955				31
TOTAL	30710		0		

Submitted Electronically