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 # 3532
Name: CMX, Inc.
Address 1: 9330 E CENTRAL SUITE 300
Address 2:
City: WICHITA State: KS Zip: 67206 + 6610
Contact Person: Douglas H McGinness II
Phone: (316) 269-9052
Lease Name: SUSANK B SWDW
Well Number: 1-5

API No.: 15-009-05015-00-01
Permit No: D32380.0
Reporting Year: 2021
(January 1 to December 31)

____ - W2 - E2 - SE Sec. 5 Twp. 16 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1320 feet from ☐ N / ☑ S Line of Section
990 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 3000 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	72695				31
February	47486				28
March	72695				31
April	70350				30
May	68005				31
June	70350				30
July	72695				31
August	72695				31
September	70350				30
October	72695				31
November	70350				30
December	37520				31
TOTAL	797886		0		

Submitted Electronically