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 # 35665
Name: CJ Oil Inc
Address 1: 1142 RD 20
Address 2:
City: MADISON State: KS Zip: 66860 + 8907
Contact Person: Charles A. Schankie
Phone: ( 620 ) 437-6119
Lease Name: HORST
Well Number: 1

API No.: 15-073-21850-00-00
Permit No: E23425.1
Reporting Year: 2021
*(January 1 to December 31)*

____ - NE - NE - NE Sec. 24 Twp. 22 S. R. 10 ☑ E ☐ W
*(Q/Q/Q/Q)*
4993 feet from ☐ N / ☑ S Line of Section
405 feet from ☑ E / ☐ W Line of Section
County: Greenwood

**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: 40 Additives: Soap
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 340 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 750 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 1545 | 200 | 0 | | 31 |
| February | 1414 | 200 | 0 | | 28 |
| March | 1556 | 200 | 0 | | 31 |
| April | 1497 | 200 | 0 | | 30 |
| May | 1564 | 200 | 0 | | 31 |
| June | 1518 | 200 | 0 | | 30 |
| July | 1559 | 200 | 0 | | 31 |
| August | 1551 | 200 | 0 | | 31 |
| September | 1510 | 200 | 0 | | 30 |
| October | 1540 | 200 | 0 | | 31 |
| November | 1507 | 200 | 0 | | 30 |
| December | 1553 | 200 | 0 | | 31 |
| ***TOTAL*** | 18314 | | 0 | | |

Submitted Electronically