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 # 34827
Name: C3Oil, LLC
Address 1: 600 ARROWHEAD ST
Address 2:
City: NEW STRAWN State: KS Zip: 66839 + 8929
Contact Person: CHRIS HAAS
Phone: (913) 515-5329
Lease Name: ISCH
Well Number: 2-G

API No.: 15-073-23014-00-01
Permit No: D32064.0
Reporting Year: 2021
(January 1 to December 31)

NW - NE - NW - NW Sec. 10 Twp. 22 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
5115 feet from ☐ N / ☑ S Line of Section
4455 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: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 450 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 60 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	0	0	0	0
February	0	0	0	0	0
March	85	0	0	0	5
April	0	0	0	0	0
May	504	0	0	0	28
June	600	0	0	0	30
July	651	0	0	0	31
August	378	0	0	0	21
September	660	0	0	0	30
October	620	0	0	0	31
November	660	0	0	0	30
December	713	0	0	0	31
TOTAL	4871		0		

Submitted Electronically