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 # 33235
Name: Chieftain Oil Co., Inc.
Address 1: 101 S. 5TH ST.
Address 2: PO BOX 124
City: KIOWA State: KS Zip: 67070 + 0124
Contact Person: Ron Molz
Phone: ( 620 ) 825-4030
Lease Name: GOEMANN
Well Number: 4

API No.: 15-007-21853-00-01
Permit No: D24636.0
Reporting Year: 2021
*(January 1 to December 31)*

____ - W2 - SW - NE Sec. 29 Twp. 32 S. R. 10 ☐ E ☑ W
*(Q/Q/Q/Q)*
3299 feet from ☐ N / ☑ S Line of Section
2392 feet from ☑ E / ☐ W Line of Section
County: Barber

**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: 5000 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 | 11840 | 0 | 0 | 0 | 31 |
| February | 9840 | 0 | 0 | 0 | 28 |
| March | 12160 | 0 | 0 | 0 | 31 |
| April | 12600 | 0 | 0 | 0 | 30 |
| May | 13040 | 0 | 0 | 0 | 31 |
| June | 11700 | 0 | 0 | 0 | 30 |
| July | 12280 | 0 | 0 | 0 | 31 |
| August | 13640 | 0 | 0 | 0 | 31 |
| September | 12700 | 0 | 0 | 0 | 30 |
| October | 13060 | 0 | 0 | 0 | 31 |
| November | 13000 | 0 | 0 | 0 | 30 |
| December | 13380 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 149240 | | 0 | | |

Submitted Electronically