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: KREUTZER
Well Number: 1

API No.: 15-051-20476-00-02
Permit No: D31493.0
Reporting Year: 2021
(January 1 to December 31)

____ - SE - NW - NW Sec. 10 Twp. 13 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
4286 feet from ☐ N / ☑ S Line of Section
4425 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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	1054				31
February	952				28
March	1020				31
April	1050				30
May	1020				31
June	1020				30
July	930				31
August	930				31
September	960				30
October	992				31
November	990				30
December	1023				31
TOTAL	11941		0		

Submitted Electronically