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 # 34579
Name: Cobalt Energy LLC
Address 1: 115 S. BELMONT #12
Address 2: PO BOX 8037
City: WICHITA State: KS Zip: 67208 + 0037
Contact Person: Nichoals Hess
Phone: (316) 201-4101
Lease Name: MCDANIEL
Well Number: 2-12

API No.: 15-109-21440-00-00
Permit No: D32339.0
Reporting Year: 2021
(January 1 to December 31)

NW - SW - SW - NE Sec. 12 Twp. 15 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
2016 feet from ☑ N / ☐ S Line of Section
2316 feet from ☑ E / ☐ W Line of Section
County: Logan

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: WHITEHORSE
Maximum Authorized Injection Rate: 1000 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	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	0		0		

Submitted Electronically