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 # 3532
Name: CMX, Inc.
Address 1: 9330 E CENTRAL SUITE 300
Address 2:
City: WICHITA State: KS Zip: 67206 + 6610
Contact Person: Douglas H McGinness II
Phone: (316) 269-9052
Lease Name: BURMEISTER
Well Number: 1 A

API No.: 15-009-21665-00-01
Permit No: E25533.1
Reporting Year: 2022
(January 1 to December 31)

____ - NW - NE - SW Sec. 2 Twp. 17 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
2276 feet from ☐ N / ☑ S Line of Section
3838 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	9300				31
February	8400				28
March	14025				31
April	9899				30
May	11893				31
June	15285				30
July	15485				31
August	14487				31
September	14288				30
October	15485				31
November	14388				30
December	12891				31
TOTAL	155826		0		

Submitted Electronically