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: BARTENDER SWD
Well Number: 1-18

API No.: 15-007-24206-00-01
Permit No: D33001.0
Reporting Year: 2023
(January 1 to December 31)

____ - ____ - ____ - SW Sec. 18 Twp. 35 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
346 feet from ☐ N / ☑ S Line of Section
4994 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: 6000 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	41065				31
February	37100				28
March	41075				31
April	39700				30
May	41055				31
June	39750				30
July	41075				31
August	41065				31
September	39725				30
October	41070				31
November	39800				30
December	41080				31
TOTAL	483560		0		

Submitted Electronically