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 # 6509
Name: Cla-Mar Oil Company, LLC
Address 1: PO BOX 506
Address 2:
City: HAYS State: KS Zip: 67601 + 0506
Contact Person: Jason Clark
Phone: (785) 259-5575
Lease Name: JENSEN
Well Number: 3

API No.: 15-051-01069-00-02
Permit No: D25380.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SE - SE Sec. 22 Twp. 12 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
384 feet from ☐ N / ☑ S Line of Section
897 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: 750 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	18724				31
February	12684				28
March	18724				31
April	17516				30
May	18724				31
June	17516				30
July	18724				31
August	18724				31
September	17516				30
October	18724				31
November	17516				30
December	18724				31
TOTAL	213816		0		

Submitted Electronically