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: TREVA
Well Number: B-3

API No.: 15-051-01103-00-02
Permit No: D32021.0
Reporting Year: 2023
(January 1 to December 31)

____ - E2 - NW - SE Sec. 5 Twp. 12 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
2025 feet from ☐ N / ☑ S Line of Section
1652 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: 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	21080				31
February	19040				28
March	21080				31
April	20400				30
May	21080				31
June	20400				30
July	21080				31
August	21080				31
September	20400				30
October	21080				31
November	20400				30
December	21080				31
TOTAL	248200		0		

Submitted Electronically