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: Jsaon Clark
Phone: (785) 259-5575
Lease Name: LEO STUCKY
Well Number: 1

API No.: 15-095-20097-00-02
Permit No: D19415.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - NW - NE Sec. 1 Twp. 27 S. R. 8 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: 600 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	9610				31
February	8680				28
March	9610				31
April	9300				30
May	9610				31
June	9300				30
July	9610				31
August	9610				31
September	9300				30
October	9610				31
November	9300				30
December	9610				31
TOTAL	113150		0		

Submitted Electronically