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 # 35280
Name: C & K Operating LLC
Address 1: PO BOX 273
Address 2:
City: KINGMAN State: KS Zip: 67068 + 0273
Contact Person: Jim Kraft
Phone: ( 620 ) 553-5050
Lease Name: MILES A
Well Number: 7

API No.: 15-095-17706-00-01
Permit No: E07702.6
Reporting Year: 2023
*(January 1 to December 31)*

____ - N2 - S2 - NE Sec. 30 Twp. 27 S. R. 10 ☐ E ☑ W
*(Q/Q/Q/Q)*
3630 feet from ☐ N / ☑ S Line of Section
1320 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: 500 psi Injection Zone: LANSING-KANSAS CITY
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 | 9300 | | | | 31 |
| April | 9000 | | | | 30 |
| May | 9300 | | | | 31 |
| June | 9000 | | | | 30 |
| July | 9300 | | | | 31 |
| August | 9300 | | | | 31 |
| September | 9000 | | | | 30 |
| October | 9300 | | | | 31 |
| November | 9000 | | | | 30 |
| December | 9300 | | | | 31 |
| ***TOTAL*** | 109500 | | 0 | | |

Submitted Electronically