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 # 35990
Name: Chriestenson Oil LLC
Address 1: 1607 MAIN ST
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4033
Contact Person: ROBERT CHRIESTENSON
Phone: (620) 365-0919
Lease Name: DIVER
Well Number: 15

API No.: 15-207-28532-00-00
Permit No: D32205.0
Reporting Year: 2023
(January 1 to December 31)

NW - SW - NE - SW Sec. 33 Twp. 23 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
1785 feet from ☐ N / ☑ S Line of Section
3885 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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	930	0			31
February	840	0			28
March	930	0			31
April	900	0			30
May	930	0			31
June	900	0			30
July	930	0			31
August	930	0			31
September	900	0			30
October	930	0			31
November	900	0			30
December	930	0			31
TOTAL	10950		0		

Submitted Electronically