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: YOHO
Well Number: 16

API No.: 15-207-27792-00-00
Permit No: D30968.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SE - NW Sec. 26 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2852 feet from ☐ N / ☑ S Line of Section
3854 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	2790	0			31
February	2520	0			28
March	2790	0			31
April	2700	0			30
May	2790	0			31
June	2700	0			30
July	2790	0			31
August	2790	0			31
September	2700	0			30
October	2790	0			31
November	2700	0			30
December	2790	0			31
TOTAL	32850		0		

Submitted Electronically