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 # 35120
Name: Crude Kin Oil Company, Inc.
Address 1: 12235 W. 255th St
Address 2:
City: LOUISBURG State: KS Zip: 66053 + 3520
Contact Person: Lesli Baker
Phone: (913) 980-2100
Lease Name: MCDONALD
Well Number: 9 W

API No.: 15-107-21588-00-00
Permit No: E21944.4
Reporting Year: 2023
(January 1 to December 31)

____ - SW - SE - NW Sec. 27 Twp. 19 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2955 feet from ☐ N / ☑ S Line of Section
3338 feet from ☑ E / ☐ W Line of Section
County: Linn

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 600 psi Injection Zone: Cattleman
Maximum Authorized Injection Rate: 50 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	720	360	0	0	31
February	840	360	0	0	28
March	720	360	0	0	31
April	900	360	0	0	30
May	720	360	0	0	31
June	900	360	0	0	30
July	720	360	0	0	31
August	720	360	0	0	31
September	900	360	0	0	30
October	720	360	0	0	31
November	900	360	0	0	30
December	720	360	0	0	31
TOTAL	9480		0		

Submitted Electronically