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 # 34827
Name: C3Oil, LLC
Address 1: 600 ARROWHEAD DR
Address 2:
City: NEW STRAWN State: KS Zip: 66839 + 8929
Contact Person: CHRIS HAAS
Phone: (913) 515-5329
Lease Name: LONG
Well Number: 3

API No.: 15-073-00560-00-01
Permit No: E28118.1
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SW - NE Sec. 17 Twp. 23 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
2916 feet from ☐ N / ☑ S Line of Section
1827 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 200 psi Injection Zone: MISSISSIPPIAN

Maximum Authorized Injection Rate: 100 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	1860	180	0	0	31
February	1300	185	0	0	26
March	1922	185	0	0	31
April	1740	180	0	0	30
May	1829	185	0	0	31
June	1510	180	0	0	26
July	1790	185	0	0	31
August	1830	185	0	0	31
September	1800	180	0	0	30
October	1770	185	0	0	31
November	1700	185	0	0	30
December	1550	180	0	0	26
TOTAL	20601		0		

Submitted Electronically