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: ALAMEDA UNIT OWWO
Well Number: 13-3

API No.: 15-095-19004-00-03
Permit No: D34132.0
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - NE - SE Sec. 27 Twp. 28 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
1980 feet from ☐ N / ☑ S Line of Section
660 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: 250 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 6000 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	46500				31
February	43500				29
March	46500				31
April	45000				30
May	46500				31
June	45000				30
July	46500				31
August	46500				31
September	45000				30
October	46500				31
November	45000				30
December	46500				31
TOTAL	549000		0		

Submitted Electronically