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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 # 35068
Name: P.O.&G. Operating, LLC
Address 1: 5847 SAN FELIPE STE 3200
Address 2:
City: HOUSTON State: TX Zip: 77057 + 3187
Contact Person: Ronda Calhoun
Phone: (713) 244-0779
Lease Name: CSMU
Well Number: 1104

API No.: 15-189-20953-00-01
Permit No: E27120.3
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NW - SE Sec. 35 Twp. 31 S. R. 35 ☐ E ☑ W
(Q/Q/Q/Q)
1929 feet from ☐ N / ☑ S Line of Section
2055 feet from ☑ E / ☐ W Line of Section
County: Stevens

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: 2000 psi Injection Zone: CHESTER
Maximum Authorized Injection Rate: 1000 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	0	950			
February	0	950			
March	203	950			4
April	227	950			4
May	193	950			8
June	144	950			2
July	28	950			1
August	0	950			
September	0	950			
October	0	950			
November	466	0			22
December	641	0			30
TOTAL	1902		0		

Submitted Electronically