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 # 33235
Name: Chieftain Oil Co., Inc.
Address 1: 101 S. 5TH ST.
Address 2: PO BOX 124
City: KIOWA State: KS Zip: 67070 + 0124
Contact Person: Ryan Molz
Phone: (620) 825-4030
Lease Name: JIMMIE MACK SWD
Well Number: 1

API No.: 15-007-23360-00-00
Permit No: D30276.0
Reporting Year: 2024
(January 1 to December 31)

____ - SW - SE - NW Sec. 21 Twp. 34 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
3244 feet from ☐ N / ☑ S Line of Section
3907 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	12400				31
February	11600				29
March	11160				31
April	10800				30
May	11160				31
June	10800				30
July	11160				31
August	10540				31
September	10800				30
October	11160				31
November	10200				30
December	10540				31
TOTAL	132320		0		

Submitted Electronically