KOLAR Document ID: 1823640

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 # 35990
Name: Chriestenson Oil LLC
Address 1: 1607 MAIN ST
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4033
Contact Person: ROBERT CHRIESTENSON
Phone: (620) 365-0919
Lease Name: DIVER
Well Number: 1

API No.: 15-207-02281-00-01
Permit No: E27405.1
Reporting Year: 2024
(January 1 to December 31)

SW (Q/Q/Q/Q) - SW - SE - NW Sec. 33 Twp. 23 S. R. 17 ☑ E ☐ W
2690 feet from ☐ N / ☑ S Line of Section
3660 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 600 psi Injection Zone: MISSISSIPPIAN
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	215				31
February	195				28
March	215				31
April	210				30
May	215				31
June	210				30
July	215				31
August	215				31
September	210				30
October	215				31
November	210				30
December	215				31
TOTAL	2540		0		

Submitted Electronically