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: REMLINGER/GLEUE
Well Number: RM-21

API No.: 15-207-28451-00-00
Permit No: E31611.2
Reporting Year: 2024
(January 1 to December 31)

____ - SE - NW - NW Sec. 24 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4387 feet from ☐ N / ☑ S Line of Section
4024 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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 75 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	715				31
February	645				28
March	715				31
April	690				30
May	715				31
June	690				30
July	715				31
August	715				31
September	690				30
October	715				31
November	690				30
December	715				31
TOTAL	8410		0		

Submitted Electronically