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 # 3449
Name: Coen Energy Corporation
Address 1: 11217 W 140TH PL
Address 2:
City: OVERLAND PARK State: KS Zip: 66221 + 8019
Contact Person: David Coen
Phone: (913) 515-8622
Lease Name: MECKE
Well Number: 1-W

API No.: 15-107-23191-00-01
Permit No: E29077.1
Reporting Year: 2024
(January 1 to December 31)

____ - NE - NE - SE Sec. 17 Twp. 23 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2175 feet from ☐ N / ☑ S Line of Section
495 feet from ☑ E / ☐ W Line of Section
County: Linn

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: 550 psi Injection Zone: Bartelsville
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	850	450	0	0	31
February	850	450	0	0	28
March	850	450	0	0	31
April	850	450	0	0	30
May	850	450	0	0	31
June	850	450	0	0	30
July	850	450	0	0	31
August	850	450	0	0	31
September	850	450	0	0	30
October	850	450	0	0	31
November	850	450	0	0	30
December	850	450	0	0	31
TOTAL	10200		0		

Submitted Electronically