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 # 32875
Name: CWB Oil Company, LLC
Address 1: P.O. BOX 742
Address 2:
City: ST. FRANCIS State: KS Zip: 67756 + 0742
Contact Person: Robin Petersen
Phone: (785) 332-5586
Lease Name: DEUTSCHER
Well Number: 2

API No.: 15-195-01434-00-01
Permit No: D15330.0
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NW - NW Sec. 35 Twp. 12 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
4656 feet from ☑ E / ☐ W Line of Section
County: Trego

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: CEDAR HILLS
Maximum Authorized Injection Rate: 100 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	2325				31
February	2100				29
March	2250				31
April	2325				30
May	2250				31
June	2250				30
July	2325				31
August	2250				31
September	2325				30
October	2250				31
November	2325				30
December	2250				31
TOTAL	27225		0		

Submitted Electronically