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 # 33386
Name: C G Oil, Inc.
Address 1: 2550 AIRBASE RD
Address 2: PO BOX 207
City: VICTORIA State: KS Zip: 67671 + 0207
Contact Person: Ron Schmidtberger
Phone: (785) 735-4741
Lease Name: HALL
Well Number: 1 SWD

API No.: 15-185-23424-00-00
Permit No: D28917.0
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - N2 - SW Sec. 7 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1875 feet from ☐ N / ☑ S Line of Section
3897 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 3500 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	565				31
February	1920				29
March	1680				31
April	1600				30
May	1920				31
June	1840				30
July	2080				31
August	1920				31
September	1680				30
October	1600				31
November	2080				30
December	2160				31
TOTAL	21045		0		

Submitted Electronically