

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 # 4951
Name: Claassen Oil and Gas, Inc.
Address 1: PO BOX 417
Address 2: _____
City: ESTES PARK State: CO Zip: 80517 + 0417
Contact Person: Daniel R Claassen
Phone: (970) 586-1885
Lease Name: BLACK
Well Number: 2-1

API No.: 15-175-20614-00-01
Permit No: D25328.0
Reporting Year: 2025
(January 1 to December 31)
____ - ____ - SE - NW Sec. 1 Twp. 34 S. R. 31 ☐ E ☒ W
(a/a/a/a)
3313 feet from ☐ N / ☒ S Line of Section
3263 feet from ☒ E / ☐ W Line of Section
County: Seward

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: _____ psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: _____ barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	<u>1750</u>	<u>0</u>	<u>0</u>		<u>31</u>
	February	<u>1525</u>	<u>0</u>	<u>0</u>		<u>28</u>
	March	<u>1735</u>	<u>0</u>	<u>0</u>		<u>31</u>
	April	<u>1580</u>	<u>0</u>	<u>0</u>		<u>30</u>
	May	<u>1695</u>	<u>0</u>	<u>0</u>		<u>31</u>
	June	<u>1660</u>	<u>0</u>	<u>0</u>		<u>30</u>
	July	<u>1700</u>	<u>0</u>	<u>0</u>		<u>31</u>
	August					
	September					
	October					
	November					
	December					
	TOTAL	<u>11645</u>		<u>0</u>		

Submitted Electronically