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 # 34579
Name: Cobalt Energy LLC
Address 1: 515 S MAIN ST SUITE 111
Address 2:
City: WICHITA State: KS Zip: 67202 + 3755
Contact Person: NICK HESS
Phone: (316) 201-4101
Lease Name: MCDANIEL
Well Number: 2-12

API No.: 15-109-21440-00-00
Permit No: D32339.0
Reporting Year: 2025
(January 1 to December 31)

NW - SW - SW - NE Sec. 12 Twp. 15 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
2016 feet from ☑ N / ☐ S Line of Section
2316 feet from ☑ E / ☐ W Line of Section
County: Logan

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: WHITEHORSE
Maximum Authorized Injection Rate: 1000 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	155				31
February	140				28
March	155				31
April	150				30
May	155				31
June	150				30
July	155				31
August	155				31
September	150				30
October	155				31
November	150				30
December	155				31
TOTAL	1825		0		

Submitted Electronically