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 # 35990
Name: Chriestenson Oil LLC
Address 1: 1607 MAIN ST
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4033
Contact Person: Robert Chriestenson
Phone: (620) 365-0919
Lease Name: KRAMER
Well Number: 7

API No.: 15-207-02368-00-03
Permit No: E29079.1
Reporting Year: 2025
(January 1 to December 31)

____ - NE - NE - NW Sec. 8 Twp. 24 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
4971 feet from ☐ N / ☑ S Line of Section
3154 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 450 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1875				31
February	1725				28
March	2015				31
April	1950				30
May	2015				31
June	1950				30
July	2020				31
August	2015				31
September	1950				30
October	2015				31
November	1725				30
December	1875				31
TOTAL	23130		0		

Submitted Electronically