KOLAR Document ID: 1895145

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 # 33235
Name: Chieftain Oil Co., Inc.
Address 1: 101 S. 5TH ST.
Address 2: PO BOX 124
City: KIOWA State: KS Zip: 67070 + 0124
Contact Person: Ryan Molz
Phone: (620) 886-1816
Lease Name: HAMMER SWD
Well Number: 3510 1-1

API No.: 15-007-23936-01-00
Permit No: D31357.1
Reporting Year: 2025
(January 1 to December 31)

NE - NW - NW - SW Sec. 1 Twp. 35 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
2469 feet from ☐ N / ☑ S Line of Section
4693 feet from ☑ E / ☐ W Line of Section
County: Barber

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: 1600 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 60000 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	17050				31
February	11200				28
March	17050				31
April	16500				30
May	17050				31
June	16500				30
July	17050				31
August	17050				31
September	12000				30
October	17050				31
November	16500				30
December	17050				31
TOTAL	192050		0		

Submitted Electronically