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 # 35120
Name: Crude Kin Oil Company, Inc.
Address 1: 12235 W 255TH ST
Address 2:
City: LOUISBURG State: KS Zip: 66053 + 3520
Contact Person: Lane Town
Phone: (913) 980-2100
Lease Name: MCDONALD
Well Number: 20 W

API No.: 15-107-21593-00-00
Permit No: E21944.10
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SE - NW Sec. 27 Twp. 19 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3294 feet from ☐ N / ☑ S Line of Section
3333 feet from ☑ E / ☐ W Line of Section
County: Linn

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: 600 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 50 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	899	360			31
February	841	360			28
March	899	360			31
April	870	360			30
May	899	360			31
June	870	360			30
July	899	360			31
August	899	360			31
September	870	360			30
October	899	360			31
November	870	360			30
December	899	360			31
TOTAL	10614		0		

Submitted Electronically