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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 # 35665
Name: CJ Oil Inc
Address 1: 1142 RD 20
Address 2:
City: MADISON State: KS Zip: 66860 + 8907
Contact Person: Charles A. Schankie
Phone: (620) 437-6119
Lease Name: CLOPTON
Well Number: W 20

API No.: 15-073-01579-00-02
Permit No: E19542.3
Reporting Year: 2025
(January 1 to December 31)

____ - NW - NE - SW Sec. 18 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
1996 feet from ☐ N / ☑ S Line of Section
3544 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 750 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 400 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3211	300			31
February	2873	300			28
March	3001	300			31
April	2981	300			30
May	3130	300			31
June	3026	300			30
July	3100	300			31
August	3128	300			31
September	2999	300			30
October	3090	300			31
November	3032	300			30
December	3114	300			31
TOTAL	36685		0		

Submitted Electronically