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 # 32723
Name: See, Charles E. dba See Oil
Address 1: 315 N. WASHINGTON
Address 2: BOX 97
City: STARK State: KS Zip: 66775 + 0097
Contact Person: Lesli Baker
Phone: (620) 754-3939
Lease Name: BURGE
Well Number: 1 B

API No.: 15-037-21386-00-01
Permit No: E11453.3
Reporting Year: 2019
(January 1 to December 31)

NE - SW - NW - ____ Sec. 2 Twp. 28 S. R. 23 ☑ E ☐ W
(Q/Q/Q/Q)
3334 feet from ☐ N / ☑ S Line of Section
4581 feet from ☑ E / ☐ W Line of Section
County: Crawford

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 180 psi Injection Zone: Peru
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	0	0	0	0	31
February	0	0	0	0	28
March	0	0	0	0	31
April	0	0	0	0	30
May	0	0	0	0	31
June	0	0	0	0	30
July	0	0	0	0	31
August	0	0	0	0	31
September	0	0	0	0	30
October	0	0	0	0	31
November	0	0	0	0	30
December	0	0	0	0	31
TOTAL	0		0		

Submitted Electronically