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 # 34827
Name: C3Oil, LLC
Address 1: 600 ARROWHEAD ST
Address 2:
City: NEW STRAWN State: KS Zip: 66839 + 8929
Contact Person: CHRIS HAAS
Phone: (913) 515-5329
Lease Name: MAMIE BERRY
Well Number: 11

API No.: 15-073-22023-00-01
Permit No: E32551.1
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SE - NE Sec. 32 Twp. 23 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
3989 feet from ☐ N / ☑ S Line of Section
847 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: 400 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 300 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	1560	325	0	0	31
February	1411	325	0	0	28
March	1595	350	0	0	31
April	1495	327	0	0	30
May	1520	355	0	0	31
June	1537	362	0	0	30
July	1311	331	0	0	31
August	1650	352	0	0	31
September	1629	355	0	0	30
October	1627	345	0	0	31
November	1610	344	0	0	30
December	1534	355	0	0	31
TOTAL	18479		0		

Submitted Electronically