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: MACLASKEY JW
Well Number: 17

API No.: 15-207-01503-00-00
Permit No: E12212.4
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NW - NE Sec. 29 Twp. 23 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
4501 feet from ☐ N / ☑ S Line of Section
1342 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 1700 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 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	7490	280	0	0	31
February	6720	270	0	0	28
March	6940	275	0	0	30
April	7200	280	0	0	30
May	7400	285	0	0	31
June	7200	280	0	0	30
July	6490	290	0	0	29
August	6940	285	0	0	31
September	7210	275	0	0	30
October	7410	280	0	0	31
November	7230	285	0	0	30
December	7390	290	0	0	31
TOTAL	85620		0		

Submitted Electronically