1280202

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 # 34707
Name: Farris Oil, Inc.
Address 1: 888 STATE HWY 99
Address 2:
City: SEDAN State: KS Zip: 67361 + __ __ __ __
Contact Person: Dee Farris
Phone: (620) 725-3772
Lease Name: WHITE
Well Number: 2 A

API No.: 15-019-19906-00-01
Permit No: E04178.1
Reporting Year: 2015
(January 1 to December 31)

NW - SW - NE - SW Sec. 22 Twp. 34 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
1780 feet from ☐ N / ☑ S Line of Section
3832 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 300 psi Injection Zone: PERU
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	3100	125	0		31
February	2800	125	0		28
March	3100	125	0		31
April	3000	125	0		30
May	3100	125	0		31
June	3000	125	0		30
July	3100	125	0		31
August	3100	125	0		31
September	3000	125	0		30
October	3100	125	0		31
November	3000	125	0		30
December	3100	125	0		31
TOTAL	36500		0		

Submitted Electronically