1281460

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 # 33074
Name: Dart Cherokee Basin Operating Co., LLC
Address 1: 600 DART RD
Address 2: PO BOX 177
City: MASON State: MI Zip: 48854 + 0177
Contact Person: Beth Oswald
Phone: (517) 244-8716
Lease Name: SYCAMORE SPRINGS RANCH
Well Number: D2-20

API No.: 15-125-30361-00-00
Permit No: D28214.0
Reporting Year: 2015
(January 1 to December 31)

SW - SE - SE - SE Sec. 20 Twp. 31 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
200 feet from ☐ N / ☑ S Line of Section
2812 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: Arbuckle
Maximum Authorized Injection Rate: 8000 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	8638	0	0		31
February	7979	0	0		28
March	8558	0	0		31
April	7706	0	0		30
May	7932	0	0		31
June	8366	0	0		30
July	8662	0	0		31
August	9141	0	0		31
September	8300	0	0		30
October	8625	0	0		31
November	8196	0	0		30
December	8718	0	0		31
TOTAL	100821		0		

Submitted Electronically