1281471

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: PORTER ET AL
Well Number: D1-9 SWD

API No.: 15-205-26591-00-00
Permit No: D28773.0
Reporting Year: 2015
(January 1 to December 31)

____ - SW - SW - SW Sec. 9 Twp. 30 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
185 feet from ☐ N / ☑ S Line of Section
5124 feet from ☑ E / ☐ W Line of Section
County: Wilson

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	3335	0	0		28
February	3632	0	0		28
March	4254	0	0		31
April	2968	0	0		29
May	3297	0	0		30
June	2934	0	0		28
July	3037	0	0		28
August	3580	0	0		30
September	3660	0	0		29
October	3087	0	0		30
November	2474	0	0		25
December	2666	0	0		31
TOTAL	38924		0		

Submitted Electronically