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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: FRANKENBERY
Well Number: B4-30 SWD

API No.: 15-205-27286-00-00
Permit No: D30041.0
Reporting Year: 2015
(January 1 to December 31)

____ - NE - SE - SW Sec. 30 Twp. 29 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2782 feet from ☐ N / ☑ S Line of Section
789 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	797	0	0		19
February	818	0	0		17
March	861	0	0		22
April	674	0	0		23
May	617	0	0		26
June	489	0	0		27
July	467	0	0		28
August	530	0	0		26
September	465	0	0		25
October	471	0	0		22
November	887	0	0		16
December	994	0	0		19
TOTAL	8070		0		

Submitted Electronically