1285154

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 # 33120
Name: Rhodes, Derek Leon dba Rhodes Well Service
Address 1: 4990 WISCONSIN RD
Address 2:
City: BRONSON State: KS Zip: 66716 + __ __ __ __
Contact Person: Derek Rhodes
Phone: (620) 363-1093
Lease Name: MARGRAVE EASTBURN
Well Number: 19

API No.: 15-011-00050-00-00
Permit No: E26239.10
Reporting Year: 2015
(January 1 to December 31)

____ - N2 - S2 - SW Sec. 23 Twp. 23 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
750 feet from ☐ N / ☑ S Line of Section
3960 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 500 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 100 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	420	450	0		24
February	435	450	0		25
March	420	450	0		29
April	450	450	0		29
May	450	450	0		30
June	435	450	0		30
July	375	450	0		31
August	360	450	0		27
September	435	450	0		30
October	435	450	0		29
November	435	450	0		28
December	420	450	0		26
TOTAL	5070		0		

Submitted Electronically