1286165

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 # 33905
Name: Royal Drilling Inc
Address 1: 719 WITT AVE
Address 2: PO BOX 342
City: RUSSELL State: KS Zip: 67665 + ___ ___ ___ ___
Contact Person: Sherry Payne
Phone: (785) 483-6446
Lease Name: DESAIR
Well Number: 2

API No.: 15-065-01538-00-02
Permit No: D30806.0
Reporting Year: 2015
(January 1 to December 31)

___ - SE - SE - NW Sec. 26 Twp. 9 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
917 feet from ☐ N / ☑ S Line of Section
1042 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 1065 Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: Cedar Hill
Maximum Authorized Injection Rate: 750 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	6200	0	0		31
February	5600	0	0		28
March	6200	0	0		31
April	2000	0	0		10
May	6200	0	0		31
June	6000	0	0		30
July	6200	0	0		31
August	6200	0	0		31
September	6000	0	0		30
October	6200	0	0		31
November	6000	0	0		30
December	6200	0	0		31
TOTAL	69000		0		

Submitted Electronically