1286219

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 # 34914
Name: D K Oil Services LLC
Address 1: 4334 STAFFORD TERR
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + __ __ __ __
Contact Person: Lesli Stuteville
Phone: (785) 760-3968
Lease Name: BROWN
Well Number: C-9

API No.: 15-121-25640-00-00
Permit No: E22175.11
Reporting Year: 2015
(January 1 to December 31)

___ - SW - SE - SW Sec. 20 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
235 feet from ☐ N / ☑ S Line of Section
3865 feet from ☑ E / ☐ W Line of Section
County: Miami

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 475 psi Injection Zone: Peru
Maximum Authorized Injection Rate: 220 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	620	450	0		31
February	560	450	0		28
March	620	450	0		31
April	600	450	0		30
May	620	450	0		31
June	600	450	0		30
July	620	450	0		31
August	620	450	0		31
September	600	450	0		30
October	620	450	0		31
November	600	450	0		30
December	620	450	0		31
TOTAL	7300		0		

Submitted Electronically