1286239

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: NORTH MOLDENHAUER
Well Number: W-55

API No.: 15-059-25253-00-00
Permit No: E18352.31
Reporting Year: 2015
(January 1 to December 31)

___ - SW - SW - SW Sec. 29 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
535 feet from ☐ N / ☑ S Line of Section
4985 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 650 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 40 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	527	625	0		31
February	476	625	0		28
March	527	625	0		31
April	510	625	0		30
May	527	625	0		31
June	510	625	0		30
July	527	625	0		31
August	527	625	0		31
September	510	625	0		30
October	527	625	0		31
November	510	625	0		30
December	527	625	0		31
TOTAL	6205		0		

Submitted Electronically