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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 # 35170
Name: DE & TZ LLC
Address 1: PO BOX 128
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + __ __ __ __
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: Knabe
Well Number: I-25

API No.: 15-091-24413-00-00
Permit No: E25925.15
Reporting Year: 2015
(January 1 to December 31)

NE - SE - NE - NE Sec. 31 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3665 feet from ☐ N / ☑ S Line of Section
146 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: 650 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 40 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 9 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	60	420	0		16
July	127	480	0		31
August	181	550	0		31
September	305	610	0		30
October	415	610	0		31
November	515	610	0		30
December	560	610	0		31
TOTAL	2163		0		

Submitted Electronically