1288048

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 # 4567
Name: D. E. Exploration, Inc.
Address 1: PO BOX 128
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 0128
Contact Person: Phillip Frick
Phone: ( 785 ) 883-4057
Lease Name: T.E.A.
Well Number: I-4A

API No.: 15-091-24079-00-00
Permit No: E27275.15
Reporting Year: 2015
*(January 1 to December 31)*

NE - SE - SW - SW Sec. 1 Twp. 15 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
2966 feet from ☐ N / ☑ S Line of Section
1318 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: 300 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 30 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 14 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 425 | 300 | 0 | | 31 |
| February | 475 | 300 | 0 | | 26 |
| March | 489 | 300 | 0 | | 31 |
| April | 429 | 300 | 0 | | 30 |
| May | 641 | 300 | 0 | | 31 |
| June | 562 | 300 | 0 | | 30 |
| July | 612 | 300 | 0 | | 31 |
| August | 516 | 300 | 0 | | 31 |
| September | 512 | 300 | 0 | | 30 |
| October | 561 | 300 | 0 | | 31 |
| November | 452 | 300 | 0 | | 30 |
| December | 562 | 300 | 0 | | 31 |
| ***TOTAL*** | 6236 | | 0 | | |

Submitted Electronically