1326436

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 # 6901
Name: D S & W Well Servicing, Inc.
Address 1: 1822 24TH STREET
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 2623
Contact Person: Curtis L. Hitschmann
Phone: (620) 793-5838
Lease Name: AGIN
Well Number: 1

API No.: 15-169-20132-00-01
Permit No: E21296.1
Reporting Year: 2016
(January 1 to December 31)

____ - SE - SE - SE Sec. 19 Twp. 16 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
254 feet from ☐ N / ☑ S Line of Section
351 feet from ☑ E / ☐ W Line of Section
County: Saline

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: 500 psi Injection Zone: MISSISSIPPI
Maximum Authorized Injection Rate: 1500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	13953	0	0		31
February	13282	0	0		29
March	14198	0	0		31
April	12690	0	0		30
May	9728	0	0		31
June	12240	0	0		30
July	12648	0	0		31
August	12741	0	0		31
September	12330	0	0		30
October	12741	0	0		31
November	12330	0	0		30
December	12257	0	0		31
TOTAL	151138		0		

Submitted Electronically