1328888

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 # 33120
Name: Rhodes, Derek Leon dba Rhodes Well Service
Address 1: 4990 WISCONSIN RD
Address 2:
City: BRONSON State: KS Zip: 66716 + __ __ __ __
Contact Person: Derek Rhodes
Phone: (620) 363-1093
Lease Name: THOMPSON
Well Number: KT 15

API No.: 15-011-20831-00-01
Permit No: D21842.0
Reporting Year: 2016
(January 1 to December 31)

NW - SW - NE - NE Sec. 26 Twp. 24 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
5060 feet from ☐ N / ☑ S Line of Section
1100 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 100 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 150 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	230	100	0		25
February	249	100	0		26
March	250	100	0		31
April	240	100	0		30
May	240	100	0		30
June	250	100	0		30
July	225	100	0		31
August	249	100	0		29
September	250	100	0		30
October	225	100	0		30
November	250	100	0		29
December	230	100	0		29
TOTAL	2888		0		

Submitted Electronically