



KANSAS CORPORATION COMMISSION 1336091
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: GARBERG
Well Number: AI-109

API No.: 15-121-29194-00-00
Permit No: E31396.5
Reporting Year: 2016
(January 1 to December 31)
NW - NE - NE - SW Sec. 4 Twp. 19 S. R. 24 ☒ E ☐ W
(a/a/a/a)
4815 feet from ☐ N / ☒ S Line of Section
3085 feet from ☒ E / ☐ W Line of Section
County: Miami

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: 150 psi Injection Zone: Wayside
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 6 (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	<u>548</u>	<u>150</u>	<u>0</u>		<u>31</u>
	February	<u>584</u>	<u>150</u>	<u>0</u>		<u>29</u>
	March	<u>326</u>	<u>150</u>	<u>0</u>		<u>20</u>
	April	<u>0</u>		<u>0</u>		
	May	<u>0</u>		<u>0</u>		
	June	<u>0</u>		<u>0</u>		
	July	<u>0</u>		<u>0</u>		
	August	<u>0</u>		<u>0</u>		
	September	<u>0</u>		<u>0</u>		
	October	<u>0</u>		<u>0</u>		
	November	<u>0</u>		<u>0</u>		
	December	<u>0</u>		<u>0</u>		
	TOTAL	<u>1458</u>		<u>0</u>		

Submitted Electronically