1348985

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 # 33074
Name: Dart Cherokee Basin Operating Co., LLC
Address 1: 600 DART RD
Address 2: PO BOX 177
City: MASON State: MI Zip: 48854 + 0177
Contact Person: Beth Oswald
Phone: (517) 244-8716
Lease Name: SMITH
Well Number: 3

API No.: 15-125-20250-00-01
Permit No: D27998.0
Reporting Year: 2016
(January 1 to December 31)

____ - SW - SW - NE Sec. 21 Twp. 31 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
1181 feet from ☐ N / ☑ S Line of Section
4577 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: 400 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 500 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	1218	0	0		27
February	1083	0	0		26
March	1218	0	0		27
April	1392	0	0		25
May	1470	0	0		25
June	1380	0	0		25
July	1756	0	0		23
August	1302	0	0		22
September	1807	0	0		28
October	1952	0	0		29
November	1352	0	0		29
December	1285	0	0		28
TOTAL	17215		0		

Submitted Electronically