1348990

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: WINT
Well Number: SWD

API No.: 15-125-29576-00-00
Permit No: D26326.0
Reporting Year: 2016
(January 1 to December 31)

SW - NW - SW - SE Sec. 23 Twp. 32 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
1364 feet from ☐ N / ☑ S Line of Section
4909 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: 200 psi Injection Zone: Mississippian
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	3311	0	0		31
February	1247	0	0		29
March	1747	0	0		29
April	1671	0	0		29
May	2350	0	0		31
June	3106	0	0		30
July	1384	0	0		24
August	1183	0	0		26
September	1029	0	0		27
October	1344	0	0		24
November	1304	0	0		21
December	1756	0	0		23
TOTAL	21432		0		

Submitted Electronically