1348998

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: ADEE
Well Number: B1-8 SWD

API No.: 15-125-30376-00-00
Permit No: D28237.0
Reporting Year: 2016
(January 1 to December 31)

NW - SW - SW - SW Sec. 8 Twp. 31 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2719 feet from ☐ N / ☑ S Line of Section
5172 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: 300 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 8000 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	800	0	0		20
February	673	0	0		14
March	1028	0	0		19
April	417	0	0		22
May	139	0	0		18
June	107	0	0		28
July	85	0	0		29
August	291	0	0		27
September	170	0	0		21
October	205	0	0		18
November	298	0	0		14
December	276	0	0		5
TOTAL	4489		0		

Submitted Electronically