1349003

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: SHULTZ
Well Number: D2-1 SWD

API No.: 15-125-30659-00-00
Permit No: D28435.0
Reporting Year: 2016
(January 1 to December 31)

SW - SE - SE - SE Sec. 1 Twp. 31 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
120 feet from ☐ N / ☑ S Line of Section
2670 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	193	0	0		6
February	451	0	0		8
March	265	0	0		6
April	350	0	0		6
May	56	0	0		2
June	203	0	0		6
July	169	0	0		6
August	269	0	0		7
September	6	0	0		6
October	206	0	0		7
November	115	0	0		10
December	370	0	0		28
TOTAL	2653		0		

Submitted Electronically