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 # 34559
Name: WM KS Energy Resources LLC
Address 1: 400 TEXAS STREET
Address 2: SUITE 600
City: SHREVEPORT State: LA Zip: 71101 + __ __ __ __
Contact Person: Adonya Dryden
Phone: (318) 429-2277
Lease Name: D & F HOLSMAN
Well Number: 1

API No.: 15-065-00078-00-01
Permit No: D28145.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SE - SE Sec. 27 Twp. 7 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
308 feet from ☐ N / ☑ S Line of Section
425 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 0 psi Injection Zone: Cedar Hill
Maximum Authorized Injection Rate: 1000 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	291	0	0		31
February	349	0	0		28
March	323	0	0		31
April	309	0	0		30
May	305	0	0		31
June	291	0	0		30
July	379	0	0		31
August	345	0	0		31
September	336	0	0		30
October	419	0	0		31
November	524	0	0		30
December	475	0	0		31
TOTAL	4346		0		

Submitted Electronically