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 # _____
Name: DK Operating Inc.
Address 1: 621 BENTON ST.
Address 2: _____
City: JETMORE State: KS Zip: 67854 + __ __ __ __
Contact Person: Daniel L King
Phone: ( 620 ) 357-8811
Lease Name: EICKMEYER
Well Number: 1

API No.: 15-083-21165-00-01
Permit No: D23810.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - ____ - SE - NW Sec. 4 Twp. 23 S. R. 22 ☐ E ☑ W
*(Q/Q/Q/Q)*
3312 feet from ☐ N / ☑ S Line of Section
3298 feet from ☑ E / ☐ W Line of Section
County: Hodgeman

**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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 2000 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 | 250 | 0 | 0 | | 31 |
| February | 250 | 0 | 0 | | 28 |
| March | 250 | 0 | 0 | | 31 |
| April | 250 | 0 | 0 | | 30 |
| May | 250 | 0 | 0 | | 31 |
| June | 250 | 0 | 0 | | 30 |
| July | 250 | 0 | 0 | | 31 |
| August | 250 | 0 | 0 | | 31 |
| September | 250 | 0 | 0 | | 30 |
| October | 250 | 0 | 0 | | 31 |
| November | 250 | 0 | 0 | | 30 |
| December | 250 | 0 | 0 | | 31 |
| ***TOTAL*** | 3000 | | 0 | | |

Submitted Electronically