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 # 34914
Name: D K Oil Services LLC
Address 1: 4334 STAFFORD TERR
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + __ __ __ __
Contact Person: Darien Kerr
Phone: ( 785 ) 760-3968
Lease Name: MOLDENHAUER
Well Number: W 4

API No.: 15-059-19306-00-01
Permit No: E18352.12
Reporting Year: 2017
*(January 1 to December 31)*

SW - SE - SW - SW Sec. 29 Twp. 15 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
19 feet from ☐ N / ☑ S Line of Section
4485 feet from ☑ E / ☐ W Line of Section
County: Franklin

**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: _____ psi Injection Zone: squirrel
Maximum Authorized Injection Rate: _____ 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 | 558 | 625 | 0 | | 31 |
| February | 504 | 625 | 0 | | 28 |
| March | 558 | 625 | 0 | | 31 |
| April | 540 | 625 | 0 | | 30 |
| May | 558 | 625 | 0 | | 31 |
| June | 540 | 625 | 0 | | 30 |
| July | 558 | 625 | 0 | | 31 |
| August | 558 | 625 | 0 | | 31 |
| September | 540 | 625 | 0 | | 30 |
| October | 558 | 625 | 0 | | 31 |
| November | 540 | 625 | 0 | | 30 |
| December | 558 | 625 | 0 | | 31 |
| ***TOTAL*** | 6570 | | 0 | | |

Submitted Electronically