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: NORTH MOLDENHAUER
Well Number: W-45

API No.: 15-059-25307-00-00
Permit No: E18352.47
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SE - SW Sec. 29 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
844 feet from ☐ N / ☑ S Line of Section
3715 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: 650 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 40 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