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 # 4836
Name: Axthelm, Donald W. dba A-1 Well Service
Address 1: PO BOX 75
Address 2:
City: COFFEYVILLE State: KS Zip: 67337 + 0075
Contact Person: Don Axthelm
Phone: (620) 252-5151
Lease Name: CHICK
Well Number: 4

API No.: 15-125-26175-00-00
Permit No: E23082.1
Reporting Year: 2017
(January 1 to December 31)

SW - SW - NW - NE Sec. 11 Twp. 35 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
4125 feet from ☐ N / ☑ S Line of Section
2475 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: Bartlesville
Maximum Authorized Injection Rate: 55 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	201	25	0		31
February	191	25	0		28
March	314	25	0		31
April	297	25	0		30
May	328	25	0		31
June	308	25	0		30
July	351	25	0		31
August	338	25	0		31
September	332	25	0		30
October	298	25	0		31
November	312	25	0		30
December	286	25	0		31
TOTAL	3556		0		

Submitted Electronically