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 # 33120
Name: Rhodes, Derek Leon dba Rhodes Well Service
Address 1: 4990 WISCONSIN RD
Address 2:
City: BRONSON State: KS Zip: 66716 + __ __ __ __
Contact Person: Derek Rhodes
Phone: (620) 363-1093
Lease Name: ENGEL
Well Number: C-9W

API No.: 15-037-01437-00-00
Permit No: E03105.6
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - NE Sec. 28 Twp. 28 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2920 feet from ☐ N / ☑ S Line of Section
915 feet from ☑ E / ☐ W Line of Section
County: Crawford

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: 350 psi Injection Zone: Bartlesvlle
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	280	250	0		27
February	225	250	0		25
March	250	250	0		30
April	225	250	0		26
May	245	250	0		30
June	250	250	0		24
July	235	250	0		29
August	225	250	0		29
September	250	250	0		29
October	225	250	0		27
November	250	250	0		29
December	225	250	0		30
TOTAL	2885		0		

Submitted Electronically