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: MARGRAVE EASTBURN
Well Number: 48

API No.: 15-011-01152-00-00
Permit No: E26239.19
Reporting Year: 2017
*(January 1 to December 31)*

____ - SW - NE - NW Sec. 26 Twp. 23 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
4030 feet from ☐ N / ☑ S Line of Section
3930 feet from ☑ E / ☐ W Line of Section
County: Bourbon

**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: 500 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 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 | 425 | 450 | 0 | | 29 |
| February | 425 | 450 | 0 | | 25 |
| March | 450 | 450 | 0 | | 29 |
| April | 450 | 450 | 0 | | 29 |
| May | 400 | 450 | 0 | | 30 |
| June | 425 | 450 | 0 | | 29 |
| July | 450 | 450 | 0 | | 31 |
| August | 425 | 450 | 0 | | 29 |
| September | 435 | 450 | 0 | | 30 |
| October | 450 | 450 | 0 | | 30 |
| November | 425 | 450 | 0 | | 29 |
| December | 450 | 450 | 0 | | 30 |
| ***TOTAL*** | 5210 | | 0 | | |

Submitted Electronically