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 # 35170
Name: DE & TZ LLC
Address 1: PO BOX 128
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + __ __ __ __
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: KNABE
Well Number: I-27

API No.: 15-091-24415-00-00
Permit No: E25925.17
Reporting Year: 2017
(January 1 to December 31)

NE - SE - SW - SW Sec. 31 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2859 feet from ☐ N / ☑ S Line of Section
1024 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: Barltsville
Maximum Authorized Injection Rate: 40 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 9 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1164	600	0		31
February	928	600	0		28
March	1170	600	0		31
April	1008	600	0		30
May	841	600	0		31
June	1141	600	0		30
July	1145	600	0		31
August	1144	600	0		31
September	1156	600	0		30
October	1190	600	0		31
November	810	600	0		24
December	0		0		
TOTAL	11697		0		

Submitted Electronically