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: MACKEY
Well Number: I-10

API No.: 15-091-24125-00-00
Permit No: E31670.10
Reporting Year: 2017
(January 1 to December 31)

NE - SE - SW - NE Sec. 28 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3040 feet from ☐ N / ☑ S Line of Section
800 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: 500 psi Injection Zone: Barltsville
Maximum Authorized Injection Rate: 60 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 11 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	238	460	0		31
February	36	460	0		12
March	0		0		
April	0		0		
May	181	460	0		17
June	753	460	0		30
July	761	460	0		31
August	759	460	0		31
September	694	460	0		30
October	856	460	0		31
November	726	460	0		30
December	817	460	0		31
TOTAL	5821		0		

Submitted Electronically