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 # 6131
Name: Drillers & Producers, Inc.
Address 1: PO BOX 385
Address 2:
City: NEWTON State: KS Zip: 67114 + 0385
Contact Person: Bill Hanson
Phone: (316) 283-2670
Lease Name: FAYLOR
Well Number: 4

API No.: 15-115-21102-00-00
Permit No: D23847.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - SW Sec. 4 Twp. 22 S. R. 4 ☑ E ☐ W
(Q/Q/Q/Q)
375 feet from ☐ N / ☑ S Line of Section
5092 feet from ☑ E / ☐ W Line of Section
County: Marion

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 4500 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	18250	0	0		30
February	25900	0	0		28
March	28675	0	0		31
April	25200	0	0		30
May	24275	0	0		31
June	23925	0	0		30
July	26125	0	0		31
August	26975	0	0		31
September	26825	0	0		30
October	28675	0	0		31
November	27750	0	0		30
December	26975	0	0		31
TOTAL	309550		0		

Submitted Electronically