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 # 9394
Name: D Oil, Inc.
Address 1: 606 SUNSET
Address 2: PO BOX 259
City: VICTORIA State: KS Zip: 67671 + 0259
Contact Person: Terry W. Piesker
Phone: (785) 735-4363
Lease Name: SCHULTE
Well Number: 10

API No.: 15-051-24698-00-01
Permit No: D26140.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NW - NW Sec. 8 Twp. 14 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
5210 feet from ☐ N / ☑ S Line of Section
4577 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 800 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	5763	0	0		31
February	4988	0	0		29
March	5692	0	0		31
April	5491	0	0		30
May	5562	0	0		31
June	5368	0	0		30
July	5788	0	0		31
August	5703	0	0		31
September	5365	0	0		30
October	5598	0	0		31
November	5509	0	0		30
December	5698	0	0		31
TOTAL	66525		0		

Submitted Electronically