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 # 5135
Name: Farmer, John O., Inc.
Address 1: 370 W WICHITA AVE
Address 2: PO BOX 352
City: RUSSELL State: KS Zip: 67665 + 2635
Contact Person: Marge Schulte
Phone: (785) 483-3144
Lease Name: BUSS UNIT
Well Number: 1

API No.: 15-065-23134-00-01
Permit No: D30277.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SE - NE Sec. 2 Twp. 9 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
1009 feet from ☐ N / ☑ S Line of Section
255 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	46968	0	0		31
February	42757	0	0		28
March	46725	0	0		31
April	45547	0	0		30
May	48329	0	0		31
June	44356	0	0		30
July	44274	0	0		31
August	44689	0	0		31
September	43507	0	0		30
October	34125	0	0		31
November	43519	0	0		30
December	36149	0	0		31
TOTAL	520945		0		

Submitted Electronically