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: SHELBY SELLENS B
Well Number: 5

API No.: 15-167-07341-00-01
Permit No: E13496.1
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - SE Sec. 22 Twp. 15 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
346 feet from ☐ N / ☑ S Line of Section
1737 feet from ☑ E / ☐ W Line of Section
County: Russell

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: Arbuckle
Maximum Authorized Injection Rate: 1000 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	20078	0	0		31
February	18135	0	0		28
March	20076	0	0		31
April	19388	0	0		30
May	20034	0	0		31
June	19405	0	0		30
July	20377	0	0		31
August	20377	0	0		31
September	19698	0	0		30
October	19718	0	0		31
November	19083	0	0		30
December	19712	0	0		31
TOTAL	236081		0		

Submitted Electronically