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 # 35303
Name: Destiny Services LLC
Address 1: PO BOX 68
Address 2:
City: PRATT State: KS Zip: 67124 + __ __ __ __
Contact Person: Robert D. Householter
Phone: (620) 672-5778
Lease Name: VORAN H
Well Number: 4

API No.: 15-095-22284-00-00
Permit No: D31951.0
Reporting Year: 2017
(January 1 to December 31)

E2 - SW - SW - SE Sec. 27 Twp. 29 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
1990 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: 2500 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	28440	0	0		31
February	28440	0	0		28
March	28440	0	0		31
April	28440	0	0		30
May	28440	0	0		31
June	28440	0	0		30
July	28440	0	0		31
August	28440	0	0		31
September	28440	0	0		30
October	28440	0	0		31
November	28440	0	0		30
December	28440	0	0		31
TOTAL	341280		0		

Submitted Electronically