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 # 34339
Name: D & Z Exploration, Inc.
Address 1: 900 N ELM ST.
Address 2: PO BOX 159
City: ST ELMO State: IL Zip: 62458 + ___ ___ ___ ___
Contact Person: Zane Belden
Phone: (618) 829-3274
Lease Name: MEYERS
Well Number: 17-A

API No.: 15-091-22025-00-00
Permit No: E24883.14
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - NW Sec. 28 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2278 feet from ☐ N / ☑ S Line of Section
1096 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: 650 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 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	1163	650	0		31
February	718	650	0		28
March	1222	650	0		31
April	1287	650	0		30
May	2153	650	0		31
June	1062	650	0		30
July	1015	650	0		31
August	1402	650	0		31
September	1406	650	0		30
October	1383	650	0		31
November	1311	650	0		30
December	913	650	0		31
TOTAL	15035		0		

Submitted Electronically