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 # 5088
Name: Darrah, John Jay, Jr.
Address 1: P.O. BOX 2786
Address 2:
City: WICHITA State: KS Zip: 67201 + 2786
Contact Person: Will Darrah
Phone: (316) 219-3390
Lease Name: MORRISON
Well Number: 1-1

API No.: 15-185-23881-00-01
Permit No: D32478.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - SE Sec. 1 Twp. 21 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
619 feet from ☐ N / ☑ S Line of Section
3052 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 200 psi Injection Zone: ARB
Maximum Authorized Injection Rate: 6000 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	13196	619	0		29
June	8646	619	0		19
July	12059	608	0		27
August	12741	619	0		28
September	12741	619	0		28
October	12741	619	0		28
November	12514	608	0		28
December	13651	599	0		31
TOTAL	98289		0		

Submitted Electronically