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 # 31199
Name: Joiner, Don dba D J Oil Operations
Address 1: 305 E 6TH
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 1415
Contact Person: Rosie Joiner
Phone: (620) 792-9553
Lease Name: BUCKBEE
Well Number: 6

API No.: 15-009-23832-00-02
Permit No: E27101.1
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - SE Sec. 15 Twp. 20 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
358 feet from ☐ N / ☑ S Line of Section
1749 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 500 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	13640	0	0		31
February	12320	0	0		28
March	13640	0	0		31
April	13200	0	0		30
May	13640	0	0		31
June	13200	0	0		30
July	13640	0	0		31
August	13640	0	0		31
September	13200	0	0		30
October	13640	0	0		31
November	13200	0	0		30
December	13640	0	0		31
TOTAL	160600		0		

Submitted Electronically