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 # 30256
Name: Millar, Dan dba D.M. Well Service
Address 1: 5623 1000 RD
Address 2:
City: FREDONIA State: KS Zip: 66736 + 7704
Contact Person: Dan Millar
Phone: ( 620 ) 636-0367
Lease Name: SHINKLE/ROBERTSON
Well Number: RI 9

API No.: 15-049-22091-00-01
Permit No: E11625.10
Reporting Year: 2017
*(January 1 to December 31)*

NW - SW - SE - SW Sec. 3 Twp. 29 S. R. 13 ☑ E ☐ W
*(Q/Q/Q/Q)*
563 feet from ☐ N / ☑ S Line of Section
3833 feet from ☑ E / ☐ W Line of Section
County: Elk

**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: 450 psi Injection Zone: NEW ALBANY
Maximum Authorized Injection Rate: 10 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 19 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 10 | 80 | 0 | | 31 |
| February | 90 | 120 | 0 | | 28 |
| March | 110 | 150 | 0 | | 31 |
| April | 120 | 160 | 0 | | 30 |
| May | 130 | 170 | 0 | | 31 |
| June | 160 | 140 | 0 | | 30 |
| July | 180 | 170 | 0 | | 31 |
| August | 150 | 150 | 0 | | 31 |
| September | 130 | 150 | 0 | | 30 |
| October | 130 | 170 | 0 | | 31 |
| November | 100 | 140 | 0 | | 30 |
| December | 50 | 110 | 0 | | 31 |
| ***TOTAL*** | 1360 | | 0 | | |

Submitted Electronically