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 BRACKEN
Well Number: BI 4

API No.: 15-049-20872-00-01
Permit No: E20964.1
Reporting Year: 2017
(January 1 to December 31)

NW - NW - SW - SE Sec. 3 Twp. 29 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
1190 feet from ☐ N / ☑ S Line of Section
2504 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: 200 psi Injection Zone: NEW ALBANY
Maximum Authorized Injection Rate: 300 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically