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 # 4567
Name: D. E. Exploration, Inc.
Address 1: PO BOX 128
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 0128
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: SCHROEDER
Well Number: I-1

API No.: 15-091-22337-00-01
Permit No: E29029.12
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SE - NW Sec. 1 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
894 feet from ☐ N / ☑ S Line of Section
3902 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: 300 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 23 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1334	300	0	0	31
February	1354	300	0	0	28
March	1273	300	0	0	31
April	1364	300	0	0	30
May	1440	300	0	0	31
June	1375	300	0	0	30
July	1443	300	0	0	31
August	1417	300	0	0	31
September	1051	300	0	0	30
October	1117	300	0	0	31
November	1801	300	0	0	30
December	1017	300	0	0	31
TOTAL	15986		0		

Submitted Electronically