

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 # 31019
Name: Diamond Star Oil, Inc.
Address 1: 219 BROOKSIDE DR
Address 2: _____
City: PAOLA State: KS Zip: 66071 + 1111
Contact Person: John Paulsen
Phone: (913) 731-5646
Lease Name: MILLER
Well Number: 7

API No.: 15-059-20298-00-01
Permit No: E19144.3
Reporting Year: 2018
(January 1 to December 31)
____ - SE - NE - SW Sec. 10 Twp. 17 S. R. 21 ☒ E ☐ W
(a/a/a/a)
1460 feet from ☐ N / ☒ S Line of Section
3200 feet from ☒ E / ☐ W Line of Section
County: Franklin

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: 400 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 50 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	<u>0</u>	<u>0</u>			
	February	<u>0</u>	<u>0</u>			
	March	<u>0</u>	<u>0</u>			
	April	<u>0</u>	<u>0</u>			
	May	<u>0</u>	<u>0</u>			
	June	<u>0</u>	<u>0</u>			
	July	<u>0</u>	<u>0</u>			
	August	<u>0</u>	<u>0</u>			
	September	<u>0</u>	<u>0</u>			
	October	<u>0</u>	<u>0</u>			
	November	<u>0</u>	<u>0</u>			
	December	<u>0</u>	<u>0</u>			
	TOTAL	<u>0</u>		<u>0</u>		

Submitted Electronically