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: JENSEN
Well Number: 1 W

API No.: 15-059-23705-00-00
Permit No: E21667.5
Reporting Year: 2018
*(January 1 to December 31)*

NW - NW - SE - NE Sec. 33 Twp. 17 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
3966 feet from ☐ N / ☑ S Line of Section
1002 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: 500 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 200 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 | 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