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 # 30169
Name: Double "D" Oil Company, Inc.
Address 1: 2009 JEAN CT
Address 2:
City: WINFIELD State: KS Zip: 67156 + 9119
Contact Person: Don Butler
Phone: ( 620 ) 221-3570
Lease Name: VAUGHAN MAX
Well Number: 1

API No.: 15-019-25344-00-00
Permit No: E24073.2
Reporting Year: 2018
*(January 1 to December 31)*

NW - NE - SW - SW Sec. 20 Twp. 32 S. R. 9 ☑ E ☐ W
*(Q/Q/Q/Q)*
1003 feet from ☐ N / ☑ S Line of Section
4464 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

**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: 250 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(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 | | 0 |
| February | 0 | | 0 | | 0 |
| March | 0 | | 0 | | 0 |
| April | 0 | | 0 | | 0 |
| May | 0 | | 0 | | 0 |
| June | 0 | | 0 | | 0 |
| July | 0 | | 0 | | 0 |
| August | 0 | | 0 | | 0 |
| September | 0 | | 0 | | 0 |
| October | 0 | | 0 | | 0 |
| November | 0 | | 0 | | 0 |
| December | 0 | | 0 | | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically