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: MOON A
Well Number: 8

API No.: 15-035-01767-00-01
Permit No: D19916.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SW - SW Sec. 16 Twp. 32 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
510 feet from ☐ N / ☑ S Line of Section
4961 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: STALNAKER
Maximum Authorized Injection Rate: 800 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	2030		0		31
February	0		0		0
March	2030		0		31
April	1791		0		30
May	2009		0		31
June	1950		0		30
July	2009		0		31
August	0		0		0
September	0		0		0
October	0		0		0
November	0		0		0
December	0		0		0
TOTAL	11819		0		

Submitted Electronically