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 # 33120
Name: Rhodes, Derek Leon dba Rhodes Well Service
Address 1: 4990 WISCONSIN RD
Address 2:
City: BRONSON State: KS Zip: 66716 + 3091
Contact Person: Derek Rhodes
Phone: (620) 3631093
Lease Name: THOMPSON K
Well Number: W 22

API No.: 15-011-21939-00-01
Permit No: E29008.5
Reporting Year: 2019
(January 1 to December 31)

SE - SE - NE - NE Sec. 26 Twp. 24 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4430 feet from ☐ N / ☑ S Line of Section
450 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: BARTLESVILLE
Maximum Authorized Injection Rate: 100 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	325	350	0		27
February	300	350	0		25
March	335	350	0		29
April	335	350	0		30
May	300	350	0		30
June	325	350	0		29
July	325	350	0		28
August	300	350	0		30
September	335	350	0		29
October	300	350	0		30
November	300	350	0		28
December	300	350	0		28
TOTAL	3780		0		

Submitted Electronically