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 # 7054
Name: Doonan and Sons, Inc.
Address 1: PO BOX 1466
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 1466
Contact Person: JR Hartig
Phone: (62015-009-0690) 793-3563
Lease Name: ARTZ
Well Number: 1

API No.: 15-009-06890-00-00
Permit No: D03612.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NW - SW Sec. 29 Twp. 19 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1660 feet from ☐ N / ☑ S Line of Section
5029 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 3400 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	12400				31
February	11200				28
March	12400				31
April	12000				30
May	12400				31
June	12000				30
July	12400				31
August	12400				31
September	12000				30
October	12400				31
November	12000				30
December	12400				31
TOTAL	146000		0		

Submitted Electronically