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 # 5135
Name: Farmer, John O., Inc.
Address 1: 370 W WICHITA AVE
Address 2: PO BOX 352
City: RUSSELL State: KS Zip: 67665 + 0352
Contact Person: Marge Schulte
Phone: ( 785 ) 483-3145
Lease Name: STAAB C
Well Number: 7

API No.: 15-051-21955-00-01
Permit No: D21074.0
Reporting Year: 2019
*(January 1 to December 31)*

NE - SE - NE - ____ Sec. 28 Twp. 12 S. R. 17 ☐ E ☑ W
*(Q/Q/Q/Q)*
3628 feet from ☐ N / ☑ S Line of Section
475 feet from ☑ E / ☐ W Line of Section
County: Ellis

**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: Arbuckle
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 24552 | 0 | 0 | 0 | 31 |
| February | 23240 | 0 | 0 | 0 | 28 |
| March | 22764 | 0 | 0 | 0 | 31 |
| April | 19194 | 0 | 0 | 0 | 30 |
| May | 24366 | 0 | 0 | 0 | 31 |
| June | 23535 | 0 | 0 | 0 | 30 |
| July | 21056 | 0 | 0 | 0 | 31 |
| August | 24025 | 0 | 0 | 0 | 31 |
| September | 22680 | 0 | 0 | 0 | 30 |
| October | 23343 | 0 | 0 | 0 | 31 |
| November | 22757 | 0 | 0 | 0 | 30 |
| December | 23421 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 274933 | | 0 | | |

Submitted Electronically