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 # 4859
Name: Deep Hole, Inc.
Address 1: 935 SO BEDFORD CT
Address 2:
City: WICHITA State: KS Zip: 67207 + 4301
Contact Person: Reece C Bohannon
Phone: (316) 683-2016
Lease Name: MANNION
Well Number: 2

API No.: 15-191-11350-00-01
Permit No: D04697.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NE - SE Sec. 25 Twp. 34 S. R. 2 ☑ E ☐ W
(Q/Q/Q/Q)
2310 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: 350 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 3500 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	3772	0	0		31
February	3108	0	0		28
March	2928	0	0		31
April	5704	0	0		30
May	3400	0	0		31
June	3740	0	0		30
July	3044	0	0		31
August	3204	0	0		31
September	4944	0	0		30
October	4024	0	0		30
November	6308	0	0		30
December	3988	0	0		31
TOTAL	48164		0		

Submitted Electronically