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 # 30256
Name: Millar, Dan dba D.M. Well Service
Address 1: 5623 1000 RD
Address 2:
City: FREDONIA State: KS Zip: 66736 + 7704
Contact Person: Dan Millar
Phone: (620) 875-6086
Lease Name: SHINKLE/ROBERTSON
Well Number: RI 9

API No.: 15-049-22091-00-01
Permit No: E11625.10
Reporting Year: 2019
(January 1 to December 31)

NW - SW - SE - SW Sec. 3 Twp. 29 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
563 feet from ☐ N / ☑ S Line of Section
3833 feet from ☑ E / ☐ W Line of Section
County: Elk

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: 450 psi Injection Zone: NEW ALBANY
Maximum Authorized Injection Rate: 10 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 19 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	60	170			31
February	90	170			28
March	110	190			31
April	80	180			30
May	70	170			31
June	100	190			30
July	90	190			31
August	80	170			31
September	110	180			30
October	110	190			31
November	100	180			30
December	90	190			31
TOTAL	1090		0		

Submitted Electronically