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 # 30169
Name: Double "D" Oil Company, Inc.
Address 1: 2009 JEAN CT
Address 2:
City: WINFIELD State: KS Zip: 67156 + 9119
Contact Person: Don Butler
Phone: ( 620 ) 221-3570
Lease Name: MOON A
Well Number: 8

API No.: 15-035-01767-00-01
Permit No: D19916.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - SW - SW - SW Sec. 16 Twp. 32 S. R. 5 ☑ E ☐ W
*(Q/Q/Q/Q)*
510 feet from ☐ N / ☑ S Line of Section
4961 feet from ☑ E / ☐ W Line of Section
County: Cowley

**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: STALNAKER
Maximum Authorized Injection Rate: 800 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 | 2000 | | 0 | | 31 |
| February | 0 | | 0 | | 0 |
| March | 2000 | | 0 | | 30 |
| April | 1700 | | 0 | | 30 |
| May | 1700 | | 0 | | 31 |
| June | 1700 | | 0 | | 30 |
| July | 2000 | | 0 | | 31 |
| August | 0 | | 0 | | 0 |
| September | 0 | | 0 | | 0 |
| October | 0 | | 0 | | 0 |
| November | 0 | | 0 | | 0 |
| December | 0 | | 0 | | 0 |
| ***TOTAL*** | 11100 | | 0 | | |

Submitted Electronically