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 # 34339
Name: D & Z Exploration, Inc.
Address 1: PO Box 159
Address 2:
City: ST. Elmo State: Il Zip: 62458 + __ __ __ __
Contact Person: Nina Flowers
Phone: (618) 8293274
Lease Name: DONOVAN
Well Number: #I-13

API No.: 15-091-24274-00-00
Permit No: E31470.8
Reporting Year: 2019
(January 1 to December 31)

____ - NE - NW - NE Sec. ____ Twp. 14 S. R. ____ ☐ E ☐ W
(Q/Q/Q/Q)
4638 feet from ☐ N / ☐ S Line of Section
1601 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: 650 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 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		650			31
February		650			28
March		650			31
April		650			30
May					31
June		650			30
July		650			31
August		650			31
September					30
October					31
November					30
December		650			31
TOTAL	0		0		

Submitted Electronically