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 # 35303
Name: Destiny Services LLC
Address 1: PO BOX 68
Address 2:
City: PRATT State: KS Zip: 67124 + 0068
Contact Person: ROBERT D HOUSEHOLTER
Phone: (620) 672-5778
Lease Name: KIRKPATRICK
Well Number: 2-21

API No.: 15-057-20259-00-01
Permit No: D23651.0
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - NW Sec. 21 Twp. 28 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
4436 feet from ☐ N / ☑ S Line of Section
3684 feet from ☑ E / ☐ W Line of Section
County: Ford

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: 500 psi Injection Zone: TOPEKA
Maximum Authorized Injection Rate: 500 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	0				31
February	0				29
March	0				31
April	0				30
May	0				31
June	0				30
July	0				31
August	0				31
September	0				30
October	0				31
November	0				30
December	0				31
TOTAL	0		0		

Submitted Electronically