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 # 33120
Name: Rhodes, Derek Leon dba Rhodes Well Service
Address 1: 4990 WISCONSIN RD
Address 2:
City: BRONSON State: KS Zip: 66716 + 3091
Contact Person: Derek Rhodes
Phone: (620) 363-1093
Lease Name: MARGRAVE EASTBURN
Well Number: 19

API No.: 15-011-00050-00-00
Permit No: E26239.10
Reporting Year: 2020
(January 1 to December 31)

____ - N2 - S2 - SW Sec. 23 Twp. 23 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
750 feet from ☐ N / ☑ S Line of Section
3960 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 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	155	250			31
February	145	250			29
March	155	250			31
April	150	250			30
May	155	250			31
June	150	250			30
July	155	250			31
August	155	250			31
September	150	250			30
October	155	250			31
November	150	250			30
December	155	250			31
TOTAL	1830		0		

Submitted Electronically