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 # 5135
Name: Farmer, John O., Inc.
Address 1: 370 W WICHITA AVE
Address 2: PO BOX 352
City: RUSSELL State: KS Zip: 67665 + 0352
Contact Person: Marge Schulte
Phone: ( 785 ) 483-3145
Lease Name: CLACK B
Well Number: 2

API No.: 15-065-01928-00-01
Permit No: D21911.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - ____ - W2 - NW Sec. 16 Twp. 9 S. R. 21 ☐ E ☑ W
*(Q/Q/Q/Q)*
3639 feet from ☐ N / ☑ S Line of Section
4621 feet from ☑ E / ☐ W Line of Section
County: Graham

**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: 300 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 6512 | 0 | 0 | 0 | 31 |
| February | 6092 | 0 | 0 | 0 | 29 |
| March | 6668 | 0 | 0 | 0 | 31 |
| April | 6547 | 0 | 0 | 0 | 30 |
| May | 562 | 0 | 0 | 0 | 31 |
| June | 1519 | 0 | 0 | 0 | 30 |
| July | 1602 | 0 | 0 | 0 | 31 |
| August | 6765 | 0 | 0 | 0 | 31 |
| September | 6351 | 0 | 0 | 0 | 30 |
| October | 6461 | 0 | 0 | 0 | 31 |
| November | 6253 | 0 | 0 | 0 | 30 |
| December | 6856 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 62188 | | 0 | | |

Submitted Electronically