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: MCALLISTER
Well Number: 3

API No.: 15-167-24080-00-00
Permit No: E32794.1
Reporting Year: 2020
(January 1 to December 31)

SE - SW - NE - NE Sec. 17 Twp. 12 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
4216 feet from ☐ N / ☑ S Line of Section
790 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 1250 psi Injection Zone: Lansing
Maximum Authorized Injection Rate: 750 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	2759	0	0	0	31
February	2581	0	0	0	29
March	2697	0	0	0	31
April	2088	0	0	0	30
May	104	0	0	0	31
June	1722	0	0	0	30
July	3131	0	0	0	31
August	3672	0	0	0	31
September	4532	0	0	0	30
October	4679	0	0	0	31
November	4694	0	0	0	30
December	4851	0	0	0	31
TOTAL	37510		0		

Submitted Electronically