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: KASTENS B
Well Number: 3

API No.: 15-153-20281-00-00
Permit No: D19115.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - NW Sec. 22 Twp. 1 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
4791 feet from ☐ N / ☑ S Line of Section
2753 feet from ☑ E / ☐ W Line of Section
County: Rawlins

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: 100 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 400 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	6913	0	0	0	31
February	6467	0	0	0	29
March	6832	0	0	0	31
April	5190	0	0	0	30
May	223	0	0	0	31
June	0	0	0	0	30
July	347	0	0	0	31
August	5734	0	0	0	31
September	6666	0	0	0	30
October	7366	0	0	0	31
November	6690	0	0	0	30
December	6842	0	0	0	31
TOTAL	59270		0		

Submitted Electronically