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: SMOKEY UNIT
Well Number: T1-W1R

API No.: 15-167-20499-00-00
Permit No: E16068.6
Reporting Year: 2020
(January 1 to December 31)

____ - W2 - NW - SW Sec. 4 Twp. 15 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
2010 feet from ☐ N / ☑ S Line of Section
5238 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: 1700 psi Injection Zone: Lansing
Maximum Authorized Injection Rate: 700 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	9682	0	0	0	31
February	9057	0	0	0	29
March	9370	0	0	0	31
April	5807	0	0	0	30
May	1328	0	0	0	31
June	5482	0	0	0	30
July	9645	0	0	0	31
August	9151	0	0	0	31
September	6740	0	0	0	30
October	6965	0	0	0	31
November	6206	0	0	0	30
December	6965	0	0	0	31
TOTAL	86398		0		

Submitted Electronically