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 # 35303
Name: Destiny Services LLC
Address 1: PO BOX 68
Address 2:
City: PRATT State: KS Zip: 67124 + 0068
Contact Person: ROBERT D HOUSEHOLTER
Phone: (620) 672-5778
Lease Name: VORAN H
Well Number: 4

API No.: 15-095-22284-00-00
Permit No: D31951.0
Reporting Year: 2020
(January 1 to December 31)

E2 - SW - SW - SE Sec. 27 Twp. 29 S. R. 7 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
1990 feet from ☑ E / ☐ W Line of Section
County: Kingman

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2500 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	5580				31
February	5220				28
March	5580				31
April	5400				30
May	5580				31
June	5400				30
July	5580				31
August	5580				31
September	5400				30
October	5580				31
November	5400				30
December	5580				31
TOTAL	65880		0		

Submitted Electronically