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 # 31624
Name: Vonfeldt, Donald J.
Address 1: 18103 Walters Ln
Address 2:
City: RUSSELL State: KS Zip: 67665 + 8709
Contact Person: Gary L Vonfeldt
Phone: (785) 483-0610
Lease Name: VON FELDT
Well Number: 2

API No.: 15-167-21265-00-01
Permit No: D21212.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SW - NW Sec. 6 Twp. 15 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
3632 feet from ☐ N / ☑ S Line of Section
4303 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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 400 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	6820				31
February	6160				28
March	6820				31
April	6600				30
May	6820				31
June	6600				30
July	6820				31
August	6820				31
September	6600				30
October	6820				31
November	6600				30
December	6820				31
TOTAL	80300		0		

Submitted Electronically