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: FINNEY
Well Number: 2

API No.: 15-111-20551-00-00
Permit No: D34071.0
Reporting Year: 2021
(January 1 to December 31)

____ - SW - NW - NE Sec. 6 Twp. 17 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
4019 feet from ☐ N / ☑ S Line of Section
2075 feet from ☑ E / ☐ W Line of Section
County: Lyon

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: Mississippi
Maximum Authorized Injection Rate: 500 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	1768	0	0	0	17
July	3120	0	0	0	30
August	2912	0	0	0	28
September	3120	0	0	0	30
October	3016	0	0	0	29
November	3120	0	0	0	30
December	2704	0	0	0	26
TOTAL	19760		0		

Submitted Electronically