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 # 4567
Name: D. E. Exploration, Inc.
Address 1: PO BOX 128
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 0128
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: MACKEY
Well Number: I-9

API No.: 15-091-24124-00-00
Permit No: E31670.9
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SE - NE Sec. 28 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3453 feet from ☐ N / ☑ S Line of Section
758 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: 500 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 60 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 11 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1019	500	0	0	31
February	1113	500	0	0	28
March	976	500	0	0	31
April	774	500	0	0	30
May	1358	500	0	0	31
June	1003	500	0	0	30
July	1038	500	0	0	31
August	1315	500	0	0	31
September	1120	500	0	0	30
October	1298	500	0	0	31
November	937	500	0	0	30
December	1225	500	0	0	31
TOTAL	13176		0		

Submitted Electronically