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-3

API No.: 15-091-24118-00-00
Permit No: E31670.3
Reporting Year: 2023
*(January 1 to December 31)*

____ - NE - SE - NE Sec. 28 Twp. 14 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
3928 feet from ☐ N / ☑ S Line of Section
393 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 | 0 | 0 | 0 | 0 | 0 |
| February | 0 | 0 | 0 | 0 | 0 |
| March | 0 | 0 | 0 | 0 | 0 |
| April | 0 | 0 | 0 | 0 | 0 |
| May | 247 | 500 | 0 | 0 | 20 |
| June | 688 | 500 | 0 | 0 | 30 |
| July | 521 | 500 | 0 | 0 | 31 |
| August | 452 | 500 | 0 | 0 | 31 |
| September | 613 | 500 | 0 | 0 | 30 |
| October | 505 | 500 | 0 | 0 | 31 |
| November | 490 | 500 | 0 | 0 | 30 |
| December | 321 | 500 | 0 | 0 | 31 |
| ***TOTAL*** | 3837 | | 0 | | |

Submitted Electronically