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: SMOKEY HILL UNIT
Well Number: TR1-4R

API No.: 15-167-08370-00-01
Permit No: E16068.1
Reporting Year: 2023
*(January 1 to December 31)*

____ - N2 - SW - NW Sec. 4 Twp. 15 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
3657 feet from ☐ N / ☑ S Line of Section
4696 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: 1700 psi Injection Zone: Lansing
Maximum Authorized Injection Rate: 700 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 4510 | 0 | 0 | 0 | 31 |
| February | 4330 | 0 | 0 | 0 | 28 |
| March | 4230 | 0 | 0 | 0 | 31 |
| April | 4190 | 0 | 0 | 0 | 30 |
| May | 4280 | 0 | 0 | 0 | 31 |
| June | 4400 | 0 | 0 | 0 | 30 |
| July | 4600 | 0 | 0 | 0 | 31 |
| August | 4500 | 0 | 0 | 0 | 31 |
| September | 4500 | 0 | 0 | 0 | 30 |
| October | 4780 | 0 | 0 | 0 | 31 |
| November | 4270 | 0 | 0 | 0 | 30 |
| December | 2290 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 50880 | | 0 | | |

Submitted Electronically