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: HOXIE (MOSIER B)
Well Number: 2

API No.: 15-179-20009-00-01
Permit No: D32527.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NE - SE Sec. 36 Twp. 8 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
1650 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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: Cedar Hills
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	5239	0	0	0	31
February	4732	0	0	0	28
March	5239	0	0	0	31
April	2910	0	0	0	30
May	3007	0	0	0	31
June	3060	0	0	0	30
July	3162	0	0	0	31
August	3162	0	0	0	31
September	0	0	0	0	30
October	0	0	0	0	31
November	3986	0	0	0	30
December	3009	0	0	0	31
TOTAL	37506		0		

Submitted Electronically