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 # 33120
Name: Rhodes, Derek Leon dba Rhodes Well Service
Address 1: 4990 WISCONSIN RD
Address 2:
City: BRONSON State: KS Zip: 66716 + 3091
Contact Person: Melissa Rhodes
Phone: (620) 363-1093
Lease Name: WEST WESTOFF
Well Number: 3-22

API No.: 15-037-22430-00-00
Permit No: E27813.13
Reporting Year: 2024
(January 1 to December 31)

NW - SE - SE - NE Sec. 6 Twp. 29 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3190 feet from ☐ N / ☑ S Line of Section
509 feet from ☑ E / ☐ W Line of Section
County: Crawford

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: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ *(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	50	50	0	0	10
May	155	50	0	0	31
June	150	50	0	0	30
July	155	50	0	0	31
August	155	50	0	0	31
September	150	50	0	0	30
October	155	50	0	0	31
November	150	50	0	0	30
December	155	50	0	0	31
TOTAL	1275		0		

Submitted Electronically