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: ENGEL
Well Number: C-9W

API No.: 15-037-01437-00-00
Permit No: E03105.6
Reporting Year: 2024
(January 1 to December 31)

____ - SW - SE - NE Sec. 28 Twp. 28 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2932 feet from ☐ N / ☑ S Line of Section
902 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: 350 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 40 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	155	250	0	0	31
February	140	250	0	0	28
March	155	250	0	0	31
April	150	250	0	0	30
May	155	250	0	0	31
June	150	250	0	0	30
July	155	250	0	0	31
August	155	250	0	0	31
September	150	250	0	0	30
October	155	250	0	0	31
November	150	250	0	0	30
December	155	250	0	0	31
TOTAL	1825		0		

Submitted Electronically