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 # 35170
Name: DE & TZ LLC
Address 1: PO BOX 128
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 0128
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: KNABE
Well Number: I-26

API No.: 15-091-24414-00-00
Permit No: E25925.16
Reporting Year: 2024
(January 1 to December 31)

NW - SE - SE - NE Sec. 31 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3248 feet from ☐ N / ☑ S Line of Section
597 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: 650 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 40 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 9 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	989	650	0	0	31
February	1102	650	0	0	29
March	615	650	0	0	31
April	1019	650	0	0	30
May	1064	650	0	0	31
June	906	650	0	0	30
July	667	650	0	0	31
August	591	650	0	0	31
September	949	650	0	0	30
October	885	650	0	0	31
November	1027	650	0	0	30
December	502	650	0	0	31
TOTAL	10316		0		

Submitted Electronically