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: T.E.A.
Well Number: I-12

API No.: 15-091-24083-00-00
Permit No: E27275.19
Reporting Year: 2024
(January 1 to December 31)

____ - SE - SW - NE Sec. 1 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
2650 feet from ☐ N / ☑ S Line of Section
1774 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: 30 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 11 *(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	548	650	0	0	27
April	607	650	0	0	30
May	793	650	0	0	31
June	805	650	0	0	30
July	382	650	0	0	31
August	462	650	0	0	31
September	648	650	0	0	30
October	532	650	0	0	31
November	551	650	0	0	30
December	304	650	0	0	31
TOTAL	5632		0		

Submitted Electronically