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: BATES UNIT
Well Number: 5W-02

API No.: 15-191-20026-00-01
Permit No: E13900.2
Reporting Year: 2024
(January 1 to December 31)

NE (Q/Q/Q/Q) - SE - NE - NE Sec. 36 Twp. 30 S. R. 2 ☐ E ☑ W
4620 feet from ☐ N / ☑ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Sumner

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: MSSP
Maximum Authorized Injection Rate: 2500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1395	0	0	0	31
February	1305	0	0	0	29
March	1395	0	0	0	31
April	1350	0	0	0	30
May	1395	0	0	0	31
June	1350	0	0	0	30
July	1395	0	0	0	31
August	1470	0	0	0	31
September	4700	0	0	0	30
October	3840	0	0	0	31
November	4800	0	0	0	30
December	4990	0	0	0	31
TOTAL	29385		0		

Submitted Electronically