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 # 34845
Name: Birk, Darrin L.
Address 1: 316 SOUTH 5TH
Address 2:
City: BURLINGTON State: KS Zip: 66839 + 1706
Contact Person: Darrin Birk
Phone: (620) 364-6718
Lease Name: BARTLETT (RUE B LEE)
Well Number: 16

API No.: 15-031-20019-00-01
Permit No: E11619.3
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SW - SE Sec. 35 Twp. 22 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
194 feet from ☐ N / ☑ S Line of Section
2444 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 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	250	500			30
February	250	500			28
March	250	500			31
April	250	500			30
May	260	500			31
June	250	500			30
July	250	500			31
August	250	500			31
September	250	500			30
October	250	500			31
November	250	500			30
December	250	500			31
TOTAL	3010		0		

Submitted Electronically