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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 # 4567
Name: D. E. Exploration, Inc.
Address 1: PO BOX 128
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 0128
Contact Person: Phillip Frick
Phone: (785) 883-4057
Lease Name: THOMPSON
Well Number: I-14

API No.: 15-091-24068-00-00
Permit No: E29029.17
Reporting Year: 2025
(January 1 to December 31)

____ - NW - NE - SE Sec. 1 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
2527 feet from ☐ N / ☑ S Line of Section
893 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: 300 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 16 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1243	300	0	0	31
February	989	300	0	0	28
March	1106	300	0	0	31
April	852	300	0	0	30
May	327	300	0	0	31
June	583	300	0	0	30
July	806	300	0	0	31
August	851	300	0	0	31
September	947	300	0	0	30
October	906	300	0	0	31
November	854	300	0	0	30
December	791	300	0	0	31
TOTAL	10255		0		

Submitted Electronically