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: HITZ
Well Number: 1

API No.: 15-185-11168-00-01
Permit No: D17801.0
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SE - NW Sec. 7 Twp. 22 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3282 feet from ☐ N / ☑ S Line of Section
3344 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 150 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 1500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	15413	0	0	0	31
February	13921	0	0	0	28
March	15470	0	0	0	31
April	14499	0	0	0	30
May	13868	0	0	0	31
June	13128	0	0	0	30
July	15733	0	0	0	31
August	15733	0	0	0	31
September	15159	0	0	0	30
October	13745	0	0	0	31
November	6956	0	0	0	30
December	15590	0	0	0	31
TOTAL	169215		0		

Submitted Electronically