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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 # 34339
Name: D & Z Exploration, Inc.
Address 1: 900 N ELM ST.
Address 2: PO BOX 159
City: ST ELMO State: IL Zip: 62458 + 0159
Contact Person: Zane Belden
Phone: (618) 829-3274
Lease Name: EAST GORDON
Well Number: #W4

API No.: 15-091-24129-00-00
Permit No: E31694.15
Reporting Year: 2025
(January 1 to December 31)

____ - NW - SW - NW Sec. 27 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
3524 feet from ☐ N / ☑ S Line of Section
5269 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: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	51	650	0	0	31
February	30	650	0	0	28
March	43	650	0	0	31
April	43	650	0	0	30
May	50	650	0	0	31
June	54	650	0	0	30
July	56	650	0	0	31
August	54	650	0	0	31
September	42	650	0	0	30
October	51	650	0	0	31
November	58	650	0	0	30
December	45	650	0	0	31
TOTAL	577		0		

Submitted Electronically