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 # 33120
Name: Rhodes, Derek Leon dba Rhodes Well Service
Address 1: 4990 WISCONSIN RD
Address 2:
City: BRONSON State: KS Zip: 66716 + 3091
Contact Person: Derek Rhodes
Phone: ( 620 ) 363-1093
Lease Name: ENGEL
Well Number: G-5W

API No.: 15-037-01444-00-00
Permit No: E03105.16
Reporting Year: 2020
*(January 1 to December 31)*

____ - NE - SW - NE Sec. 28 Twp. 28 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
3458 feet from ☐ N / ☑ S Line of Section
1818 feet from ☑ E / ☐ W Line of Section
County: Crawford

**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: 350 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 40 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 | 155 | 200 | | | 31 |
| February | 145 | 200 | | | 29 |
| March | 155 | 200 | | | 31 |
| April | 150 | 200 | | | 30 |
| May | 155 | 200 | | | 31 |
| June | 150 | 200 | | | 30 |
| July | 155 | 200 | | | 31 |
| August | 155 | 200 | | | 31 |
| September | 150 | 200 | | | 30 |
| October | 155 | 200 | | | 31 |
| November | 150 | 200 | | | 30 |
| December | 155 | 200 | | | 31 |
| ***TOTAL*** | 1830 | | 0 | | |

Submitted Electronically