1275384

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 # 35122
Name: Lakeshore Operating, LLC
Address 1: 13505 S. MUR-LEN RD
Address 2: SUITE 105-182
City: OLATHE State: KS Zip: 66062 + __ __ __ __
Contact Person: Wesley Ketcham
Phone: (773) 754-6242
Lease Name: STURDIVAN 2
Well Number: 2

API No.: 15-207-20359-00-01
Permit No: D17640.0
Reporting Year: 2015
(January 1 to December 31)

____ - S2 - NE - SE Sec. 33 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1840 feet from ☐ N / ☑ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 175 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	465	175	0		31
February	420	175	0		28
March	465	175	0		31
April	450	175	0		30
May	465	175	0		31
June	450	175	0		30
July	465	175	0		31
August	465	175	0		31
September	450	175	0		30
October	465	175	0		31
November	450	175	0		30
December	465	175	0		31
TOTAL	5475		0		

Submitted Electronically