1278208

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 # 6804
Name: Lachenmayr Oil LLC
Address 1: PO BOX 526
Address 2:
City: NEWTON State: KS Zip: 67114 + __ __ __ __
Contact Person: John Lachenmayr
Phone: (316) 284-1991
Lease Name: WILSON
Well Number: 5

API No.: 15-173-20999-00-00
Permit No: D30441.0
Reporting Year: 2015
(January 1 to December 31)

____ - E2 - W2 - SE Sec. 12 Twp. 26 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
1324 feet from ☐ N / ☑ S Line of Section
1740 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: 50 psi Injection Zone: Arbuckle

Maximum Authorized Injection Rate: 2000 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	13922	0	0		31
February	13799	0	0		28
March	15345	0	0		31
April	16412	0	0		30
May	15701	0	0		31
June	15193	0	0		30
July	6200	0	0		31
August	14430	0	0		31
September	15753	0	0		30
October	15753	0	0		31
November	9818	0	0		30
December	17010	0	0		31
TOTAL	169336		0		

Submitted Electronically