1281535

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 # 5453
Name: L-K Wireline, Inc.
Address 1: PO BOX 1188
Address 2:
City: HAYS State: KS Zip: 67601 + 1188
Contact Person: Randy K. Lonpine
Phone: ( 785 ) 625-6877
Lease Name: BUTCHER
Well Number: 3 SWD

API No.: 15-163-21545-00-01
Permit No: D28501.0
Reporting Year: 2015
*(January 1 to December 31)*

____ - SE - NW - NW Sec. 18 Twp. 9 S. R. 18 ☐ E ☑ W
*(Q/Q/Q/Q)*
3971 feet from ☐ N / ☑ S Line of Section
4202 feet from ☑ E / ☐ W Line of Section
County: Rooks

**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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 1500 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 | 7380 | 0 | 0 | | 31 |
| February | 6459 | 0 | 0 | | 28 |
| March | 8541 | 0 | 0 | | 31 |
| April | 8324 | 0 | 0 | | 30 |
| May | 8662 | 0 | 0 | | 31 |
| June | 8318 | 0 | 0 | | 30 |
| July | 8595 | 0 | 0 | | 31 |
| August | 8359 | 0 | 0 | | 31 |
| September | 4619 | 0 | 0 | | 30 |
| October | 5396 | 0 | 0 | | 31 |
| November | 5402 | 0 | 0 | | 30 |
| December | 5303 | 0 | 0 | | 31 |
| ***TOTAL*** | 85358 | | 0 | | |

Submitted Electronically