1291939

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 # 5983
Name: Leis, Victor J.
Address 1: PO BOX 223
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: RYAN LEIS
Phone: (785) 313-2567
Lease Name: STOCKEBRAND
Well Number: 4

API No.: 15-207-02060-00-01
Permit No: E25757.1
Reporting Year: 2015
(January 1 to December 31)

____ - ____ - S2 - NE Sec. 20 Twp. 24 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
3300 feet from ☐ N / ☑ S Line of Section
1320 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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 80 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	620	100	0		31
February	560	100	0		28
March	620	100	0		31
April	600	100	0		30
May	620	100	0		31
June	600	100	0		30
July	620	100	0		31
August	620	100	0		31
September	600	100	0		30
October	620	100	0		31
November	600	100	0		30
December	620	100	0		31
TOTAL	7300		0		

Submitted Electronically