1291954

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 # 34152
Name: Legend Energy LLC
Address 1: 3107 THORNTON AVE
Address 2:
City: PARSONS State: KS Zip: 67357 + __ __ __ __
Contact Person: Ray Gilbert
Phone: (620) 820-9687
Lease Name: Hobson
Well Number: I-4

API No.: 15-037-22313-00-00
Permit No: E32229.4
Reporting Year: 2015
(January 1 to December 31)

SW - SE - NE - NW Sec. 32 Twp. 30 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4049 feet from ☐ N / ☑ S Line of Section
3151 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: 200 psi Injection Zone: Bartelsville
Maximum Authorized Injection Rate: 30 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	220	195	0		31
November	285	195	0		30
December	268	195	0		31
TOTAL	773		0		

Submitted Electronically