1294916

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 # 33999
Name: Linn Operating, Inc.
Address 1: 600 TRAVIS STE 5100
Address 2:
City: HOUSTON State: TX Zip: 77002 + 3018
Contact Person: Shawn Hildreth
Phone: (281) 840-4234
Lease Name: CLAWSON
Well Number: 1

API No.: 15-081-20478-00-00
Permit No: D25127.0
Reporting Year: 2015
(January 1 to December 31)

____ - W2 - W2 - SW Sec. 34 Twp. 29 S. R. 34 ☐ E ☑ W
(Q/Q/Q/Q)
1328 feet from ☐ N / ☑ S Line of Section
4632 feet from ☑ E / ☐ W Line of Section
County: Haskell

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☑ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 1800 mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 1400 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 6000 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	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically