1342657

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 # 33391
Name: Leis, Ryan M.
Address 1: 111 E. BUTLER
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: RYAN LEIS
Phone: (785) 313-2567
Lease Name: LEONARD
Well Number: 15 I

API No.: 15-207-02211-00-01
Permit No: E26364.5
Reporting Year: 2016
(January 1 to December 31)

____ - NE - NE - NW Sec. 18 Twp. 26 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
4785 feet from ☐ N / ☑ S Line of Section
3135 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: 700 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 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	310	200	0		31
February	290	200	0		29
March	310	200	0		31
April	300	200	0		30
May	310	200	0		31
June	300	200	0		30
July	310	200	0		31
August	310	200	0		31
September	300	200	0		30
October	310	200	0		31
November	300	200	0		30
December	310	200	0		31
TOTAL	3660		0		

Submitted Electronically