KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1342664

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: 8 I

API No.: 15-207-21780-00-01
Permit No: E26364.3
Reporting Year: 2016
*(January 1 to December 31)*

NE - SE - SE - NW (Q/Q/Q/Q) Sec. 18 Twp. 26 S. R. 17 ☑ E ☐ W
3245 feet from ☐ N / ☑ S Line of Section
2805 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