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 # 6443
Name: Long, Lewis C., a General Partnership
Address 1: PO BOX 131
Address 2:
City: HAMILTON State: KS Zip: 66853 + 0131
Contact Person: Tom Long
Phone: (620) 678-3826
Lease Name: BARNES
Well Number: 5

API No.: 15-073-22613-00-01
Permit No: E12408.2
Reporting Year: 2018
(January 1 to December 31)

____ - SW - NW - NW Sec. 7 Twp. 24 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
4309 feet from ☐ N / ☑ S Line of Section
4625 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 400 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 100 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3100	400	0	0	31
February	2700	400	0	0	28
March	200	400	0	0	2
April	200	400	0	0	2
May	3100	400	0	0	31
June	3000	400	0	0	30
July	3100	400	0	0	31
August	3100	400	0	0	31
September	2900	400	0	0	30
October	3100	400	0	0	31
November	2900	400	0	0	30
December	3000	400	0	0	31
TOTAL	30400		0		

Submitted Electronically