1344636

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 # 35122
Name: Lakeshore Operating, LLC
Address 1: 23 1/2 E. MADISON AVE SUITE A
Address 2:
City: IOLA State: KS Zip: 66749 + __ __ __ __
Contact Person: Wesley Ketcham
Phone: (773) 754-6242
Lease Name: BENNETT
Well Number: 13

API No.: 15-207-26388-00-00
Permit No: E27564.1
Reporting Year: 2016
(January 1 to December 31)

____ - NE - SE - SW Sec. 21 Twp. 25 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
990 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: 600 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 75 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 6 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1350	450	0		31
February	1100	450	0		29
March	864	450	0		31
April	793	450	0		30
May	857	450	0		31
June	807	450	0		30
July	657	450	0		31
August	786	450	0		31
September	586	450	0		30
October	486	450	0		31
November	300	450	0		30
December	143	450	0		31
TOTAL	8729		0		

Submitted Electronically