1344684

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: PHILLIPS
Well Number: INJ#3

API No.: 15-205-27986-00-00
Permit No: E07521.12
Reporting Year: 2016
(January 1 to December 31)

____ - SW - SW - N2 Sec. 26 Twp. 30 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
660 feet from ☐ E / ☑ W Line of Section
County: Wilson

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: Squirrel
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 3 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1342	300	0		31
February	1117	300	0		29
March	1308	300	0		31
April	1075	300	0		30
May	1050	300	0		31
June	1042	300	0		30
July	825	300	0		31
August	942	300	0		31
September	575	300	0		30
October	567	300	0		31
November	467	300	0		30
December	258	300	0		31
TOTAL	10568		0		

Submitted Electronically