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 # 3842
Name: Larson Engineering, Inc. dba Larson Operating Company
Address 1: 562 W STATE RD 4
Address 2:
City: OLMITZ State: KS Zip: 67564 + 8561
Contact Person: Tom Larson
Phone: (620) 653-7368
Lease Name: SNIDER
Well Number: 1 SWD

API No.: 15-101-21427-00-01
Permit No: D31616.0
Reporting Year: 2017
(January 1 to December 31)

____ - E2 - E2 - SE Sec. 9 Twp. 17 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
1320 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Lane

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	1922	0	0		31
February	1736	0	0		28
March	1922	0	0		31
April	1798	0	0		29
May	1736	0	0		28
June	1860	0	0		30
July	1922	0	0		31
August	1922	0	0		31
September	1860	0	0		30
October	1922	0	0		31
November	1860	0	0		30
December	1665	0	0		31
TOTAL	22125		0		

Submitted Electronically