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: STAAB
Well Number: 10 SWD

API No.: 15-051-06666-00-02
Permit No: D03060.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NW - NE Sec. 11 Twp. 12 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
4643 feet from ☐ N / ☑ S Line of Section
1702 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 100 psi Injection Zone: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 800 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	17437	0	0		31
February	14750	0	0		28
March	17187	0	0		31
April	16875	0	0		30
May	17437	0	0		31
June	16875	0	0		30
July	17437	0	0		31
August	17437	0	0		31
September	16875	0	0		30
October	17360	0	0		31
November	16800	0	0		30
December	17360	0	0		31
TOTAL	203830		0		

Submitted Electronically