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: LOIS
Well Number: 1-19

API No.: 15-135-24441-00-01
Permit No: E30991.1
Reporting Year: 2017
(January 1 to December 31)

____ - W2 - W2 - SE Sec. 19 Twp. 18 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
1356 feet from ☐ N / ☑ S Line of Section
2253 feet from ☑ E / ☐ W Line of Section
County: Ness

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: 1000 psi Injection Zone: ALTAMONT,FORT SCOTT
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	6975	700	0		31
February	5768	700	0		28
March	6386	725	0		31
April	6180	725	0		30
May	6386	725	0		31
June	6180	725	0		30
July	6975	750	0		31
August	6933	750	0		31
September	6750	750	0		30
October	6975	750	0		31
November	6579	750	0		30
December	5766	725	0		31
TOTAL	77853		0		

Submitted Electronically