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: STEELE
Well Number: 1 SWD

API No.: 15-101-30060-00-02
Permit No: D30588.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - SW Sec. 21 Twp. 18 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
530 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: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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	10702	0	0		31
February	9856	0	0		28
March	10775	0	0		31
April	10750	0	0		30
May	5620	0	0		31
June	1640	0	0		30
July	2364	0	0		31
August	11232	0	0		31
September	4510	0	0		30
October	11400	0	0		31
November	10118	0	0		30
December	8957	0	0		31
TOTAL	97924		0		

Submitted Electronically