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 # 35369
Name: Lyons, Clarence Jr.
Address 1: 601 N. KANSAS
Address 2:
City: CHANUTE State: KS Zip: 66720 + __ __ __ __
Contact Person: Clarence Lyons
Phone: ( 620 ) 778-0738
Lease Name: WILES
Well Number: 2

API No.: 15-001-03063-00-00
Permit No: E21224.1
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - SE - NE Sec. 31 Twp. 26 S. R. 18 ☑ E ☐ W
*(Q/Q/Q/Q)*
3446 feet from ☐ N / ☑ S Line of Section
95 feet from ☑ E / ☐ W Line of Section
County: Allen

**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: 600 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 200 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 | 10 | 250 | 0 | | 31 |
| February | 10 | 250 | 0 | | 28 |
| March | 10 | 250 | 0 | | 31 |
| April | 10 | 250 | 0 | | 30 |
| May | 10 | 250 | 0 | | 31 |
| June | 10 | 250 | 0 | | 30 |
| July | 10 | 250 | 0 | | 31 |
| August | 10 | 250 | 0 | | 31 |
| September | 10 | 250 | 0 | | 30 |
| October | 10 | 250 | 0 | | 31 |
| November | 10 | 250 | 0 | | 30 |
| December | 10 | 250 | 0 | | 31 |
| ***TOTAL*** | 120 | | 0 | | |

Submitted Electronically