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: 5

API No.: 15-001-24966-00-01
Permit No: E21224.2
Reporting Year: 2017
(January 1 to December 31)

___ - NE - NE - SE Sec. 31 Twp. 26 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
2147 feet from ☐ N / ☑ S Line of Section
115 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: CATTLEMAN SAND
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		3
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