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 # 3045
Name: Lang, Kenneth R.
Address 1: 301 W BELLEVUE
Address 2:
City: GARDEN CITY State: KS Zip: 67846 + 2729
Contact Person: Kenneth Lang
Phone: (620) 275-4573
Lease Name: PYLE
Well Number: 5

API No.: 15-171-21208-00-00
Permit No: D32523.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - NW - SE Sec. 14 Twp. 20 S. R. 33 ☐ E ☑ W
(Q/Q/Q/Q)
1610 feet from ☐ N / ☑ S Line of Section
1960 feet from ☑ E / ☐ W Line of Section
County: Scott

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: CEDAR HILLS
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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	130	0	0		30
October	0		0		
November	620	0	0		30
December	495	0	0		31
TOTAL	1245		0		

Submitted Electronically