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 # 6039
Name: L. D. Drilling, Inc.
Address 1: 7 SW 26TH AVE
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 6525
Contact Person: Marilyn Davis
Phone: ( 620 ) 793-3051
Lease Name: APPLEBEE-SCHLESSIGER CATTLE
Well Number: 1 SWD

API No.: 15-167-23422-00-00
Permit No: D28934.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - SE - NE Sec. 21 Twp. 15 S. R. 12 ☐ E ☑ W
*(Q/Q/Q/Q)*
1425 feet from ☑ N / ☐ S Line of Section
100 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: 4000 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 | 12958 | 0 | 0 | | 31 |
| February | 12964 | 0 | 0 | | 28 |
| March | 8680 | 0 | 0 | | 31 |
| April | 18420 | 0 | 0 | | 30 |
| May | 13392 | 0 | 0 | | 31 |
| June | 10052 | 0 | 0 | | 30 |
| July | 11951 | 0 | 0 | | 31 |
| August | 29454 | 0 | 0 | | 31 |
| September | 8587 | 0 | 0 | | 30 |
| October | 9362 | 0 | 0 | | 31 |
| November | 8550 | 0 | 0 | | 30 |
| December | 13516 | 0 | 0 | | 31 |
| ***TOTAL*** | 157886 | | 0 | | |

Submitted Electronically