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: Marily Davis
Phone: (620) 793-3051
Lease Name: HALL D (HOFFMAN)
Well Number: 5

API No.: 15-185-19084-00-00
Permit No: D03089.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SW - NE Sec. 21 Twp. 21 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
3743 feet from ☐ N / ☑ S Line of Section
1631 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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	6479	0	0		31
February	6579	0	0		28
March	6603	0	0		31
April	6595	0	0		30
May	6603	0	0		31
June	6595	0	0		30
July	6603	0	0		31
August	6603	0	0		31
September	6595	0	0		30
October	6735	0	0		31
November	6595	0	0		30
December	6603	0	0		31
TOTAL	79188		0		

Submitted Electronically