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: MUELLER
Well Number: 1 A

API No.: 15-185-23234-00-00
Permit No: D28350.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NE - NW Sec. 32 Twp. 21 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4959 feet from ☐ N / ☑ S Line of Section
3630 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	60147	0	0		31
February	51947	0	0		28
March	59527	0	0		31
April	56847	0	0		30
May	60147	0	0		31
June	55347	0	0		30
July	58597	0	0		31
August	57047	0	0		31
September	56847	0	0		30
October	58597	0	0		31
November	56847	0	0		30
December	58597	0	0		31
TOTAL	690494		0		

Submitted Electronically