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 # 34374
Name: Legacy Petroleum LLC
Address 1: PO BOX 3336
Address 2:
City: BARTLESVILLE State: OK Zip: 74006 + __ __ __ __
Contact Person: Blaine Haag
Phone: (918) 798-4510
Lease Name: FLOSSIE-WHITE
Well Number: 10

API No.: 15-019-20697-00-02
Permit No: E29013.4
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SE - NE Sec. 22 Twp. 34 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
3487 feet from ☐ N / ☑ S Line of Section
555 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 150 psi Injection Zone: REDD SAND,WAYSIDE
Maximum Authorized Injection Rate: 600 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	6200	100	0		31
February	5600	100	0		28
March	6200	100	0		31
April	6000	100	0		30
May	6200	100	0		31
June	6000	100	0		30
July	6200	100	0		31
August	6200	100	0		31
September	6000	100	0		30
October	6200	100	0		31
November	6000	100	0		30
December	6200	100	0		31
TOTAL	73000		0		

Submitted Electronically