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 # 3842
Name: Larson Engineering, Inc. dba Larson Operating Company
Address 1: 562 W STATE RD 4
Address 2:
City: OLMITZ State: KS Zip: 67564 + 8561
Contact Person: Tom Larson
Phone: (620) 653-7368
Lease Name: STANLEY
Well Number: 4-28

API No.: 15-101-21930-00-01
Permit No: E30039.1
Reporting Year: 2017
(January 1 to December 31)

____ - E2 - SW - NW Sec. 28 Twp. 18 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
3197 feet from ☐ N / ☑ S Line of Section
4187 feet from ☑ E / ☐ W Line of Section
County: Lane

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: 1000 psi Injection Zone: PLEASANTON
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	9466	0	0		31
February	10435	0	0		28
March	11314	0	0		31
April	14080	0	0		30
May	14465	0	0		31
June	14169	0	0		30
July	15142	0	0		31
August	14820	0	0		31
September	13437	0	0		30
October	12345	0	0		31
November	11622	0	0		30
December	13833	0	0		31
TOTAL	155128		0		

Submitted Electronically