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 # 35122
Name: Lakeshore Operating, LLC
Address 1: 23 1/2 E. MADISON AVE SUITE A
Address 2:
City: IOLA State: KS Zip: 66749 + __ __ __ __
Contact Person: Jennifer R. Smith-Beal
Phone: ( 620 ) 3806780
Lease Name: BENNETT
Well Number: 16

API No.: 15-207-26393-00-00
Permit No: E27564.2
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - NW - SE Sec. 21 Twp. 25 S. R. 17 ☑ E ☐ W
*(Q/Q/Q/Q)*
2475 feet from ☐ N / ☑ S Line of Section
1435 feet from ☑ E / ☐ W Line of Section
County: Woodson

**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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 75 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 | 255 | 450 | 0 | | 31 |
| February | 260 | 450 | 0 | | 28 |
| March | 567 | 450 | 0 | | 31 |
| April | 658 | 450 | 0 | | 30 |
| May | 594 | 450 | 0 | | 31 |
| June | 612 | 450 | 0 | | 30 |
| July | 567 | 450 | 0 | | 31 |
| August | 801 | 450 | 0 | | 31 |
| September | 981 | 450 | 0 | | 30 |
| October | 1134 | 450 | 0 | | 31 |
| November | 979 | 450 | 0 | | 30 |
| December | 419 | 450 | 0 | | 31 |
| ***TOTAL*** | 7827 | | 0 | | |

Submitted Electronically