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: 4-4

API No.: 15-207-23487-00-01
Permit No: E27564.13
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NE - SE Sec. 21 Twp. 25 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
2500 feet from ☐ N / ☑ S Line of Section
140 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
Maximum Authorized Injection Rate: 75 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 6 *(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