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 # 6804
Name: Lachenmayr Oil LLC
Address 1: PO BOX 526
Address 2:
City: NEWTON State: KS Zip: 67114 + __ __ __ __
Contact Person: John Lachenmayr
Phone: (316) 284-1991
Lease Name: GOODRICH
Well Number: 101

API No.: 15-173-00686-00-01
Permit No: D28341.0
Reporting Year: 2017
(January 1 to December 31)

___ - SE - SE - NW Sec. 16 Twp. 25 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: 2000 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	7271	0	0		31
February	8500	0	0		28
March	8541	0	0		31
April	7583	0	0		30
May	6250	0	0		31
June	5800	0	0		30
July	6541	0	0		31
August	8625	0	0		30
September	10209	0	0		30
October	10250	0	0		31
November	10375	0	0		30
December	8437	0	0		31
TOTAL	98382		0		

Submitted Electronically