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: STATE OF KS
Well Number: 2

API No.: 15-207-25485-00-01
Permit No: D25554.0
Reporting Year: 2017
*(January 1 to December 31)*

___ - E2 - E2 - NE Sec. 11 Twp. 26 S. R. 14 ☑ E ☐ W
*(Q/Q/Q/Q)*
2919 feet from ☐ N / ☑ S Line of Section
521 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: 200 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 37 | 100 | 0 | | 31 |
| February | 26 | 100 | 0 | | 28 |
| March | 264 | 100 | 0 | | 31 |
| April | 188 | 100 | 0 | | 30 |
| May | 81 | 100 | 0 | | 31 |
| June | 0 | | 0 | | |
| July | 0 | | 0 | | |
| August | 0 | | 0 | | |
| September | 0 | | 0 | | |
| October | 0 | | 0 | | |
| November | 0 | | 0 | | |
| December | 0 | | 0 | | |
| ***TOTAL*** | 596 | | 0 | | |

Submitted Electronically