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 # 31428
Name: Crawford, Jeff dba Lonestar Oil Co
Address 1: PO 205
Address 2:
City: GORHAM State: KS Zip: 67640 + 0205
Contact Person: JEFF CRAWFORD
Phone: ( 785 ) 735-4585
Lease Name: FOSTER - A
Well Number: W-40

API No.: 15-167-04475-00-00
Permit No: E09846.7
Reporting Year: 2017
*(January 1 to December 31)*

____ - ____ - ____ - NW Sec. 3 Twp. 14 S. R. 15 ☐ E ☑ W
*(Q/Q/Q/Q)*
3914 feet from ☐ N / ☑ S Line of Section
4000 feet from ☑ E / ☐ W Line of Section
County: Russell

**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: LANSING-KANSAS CITY,TOPEKA
Maximum Authorized Injection Rate: 750 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 | 13170 | 410 | 0 | | 31 |
| February | 11895 | 410 | 0 | | 28 |
| March | 13190 | 410 | 0 | | 31 |
| April | 12764 | 410 | 0 | | 30 |
| May | 13170 | 410 | 0 | | 31 |
| June | 12810 | 410 | 0 | | 30 |
| July | 13210 | 410 | 0 | | 31 |
| August | 13380 | 410 | 0 | | 31 |
| September | 12940 | 410 | 0 | | 30 |
| October | 13660 | 410 | 0 | | 31 |
| November | 13110 | 410 | 0 | | 30 |
| December | 13510 | 410 | 0 | | 31 |
| ***TOTAL*** | 156809 | | 0 | | |

Submitted Electronically