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: GLADES
Well Number: 4

API No.: 15-207-19072-00-01
Permit No: E12385.2
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NW - NW Sec. 33 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4180 feet from ☐ N / ☑ S Line of Section
4830 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: 750 psi Injection Zone: SQUIRREL SAND
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	372	730	0		31
February	336	730	0		28
March	372	730	0		31
April	360	730	0		30
May	372	730	0		31
June	360	730	0		30
July	372	730	0		31
August	372	730	0		31
September	360	730	0		30
October	372	730	0		31
November	360	730	0		30
December	372	730	0		31
TOTAL	4380		0		

Submitted Electronically