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 # 32079
Name: Leis, John E.
Address 1: 1188 NIGHTHAWK RD.
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: John Leis
Phone: (620) 625-3676
Lease Name: CURTIS ABBEY
Well Number: SWD-1

API No.: 15-207-25451-00-01
Permit No: D28136.0
Reporting Year: 2017
(January 1 to December 31)

NW - NW - NW - NE Sec. 19 Twp. 25 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
5090 feet from ☐ N / ☑ S Line of Section
2475 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: 0 psi Injection Zone: Kansas City
Maximum Authorized Injection Rate: 10 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	93	0	0		31
February	84	0	0		28
March	93	0	0		31
April	90	0	0		30
May	93	0	0		31
June	90	0	0		30
July	93	0	0		31
August	93	0	0		31
September	90	0	0		30
October	93	0	0		31
November	90	0	0		30
December	93	0	0		31
TOTAL	1095		0		

Submitted Electronically