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 # 34106
Name: Harris, David
Address 1: 636 HWY 105
Address 2:
City: TORONTO State: KS Zip: 66777 + __ __ __ __
Contact Person: David or June Harris
Phone: (620) 637-2674
Lease Name: LIEBAU
Well Number: 1

API No.: 15-207-26258-00-01
Permit No: D30260.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - SW Sec. 13 Twp. 25 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
165 feet from ☐ N / ☑ S Line of Section
3665 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: 100 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 75 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	450	100	0		15
August	2325	100	0		31
September	750	100	0		10
October	0		0		
November	0		0		
December	0		0		
TOTAL	3525		0		

Submitted Electronically