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: HAEN
Well Number: 4

API No.: 15-207-22979-00-01
Permit No: E24079.2
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SW - NE Sec. 15 Twp. 25 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
3630 feet from ☐ N / ☑ S Line of Section
2104 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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 30 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	75	35	0		31
February	68	35	0		28
March	75	35	0		31
April	70	35	0		30
May	75	35	0		31
June	70	35	0		30
July	75	35	0		31
August	75	35	0		31
September	70	35	0		30
October	75	35	0		31
November	70	35	0		30
December	75	35	0		31
TOTAL	873		0		

Submitted Electronically