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 # 34036
Name: Leis Oil Services, LLC
Address 1: 1410 150TH RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: Matt Leis
Phone: ( 620 ) 212-0752
Lease Name: LEIS A&B
Well Number: 4-A

API No.: 15-001-27664-00-01
Permit No: E24767.1
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - NW - NE Sec. 2 Twp. 24 S. R. 17 ☑ E ☐ W
*(Q/Q/Q/Q)*
4640 feet from ☐ N / ☑ S Line of Section
2040 feet from ☑ E / ☐ W Line of Section
County: Allen

**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: 600 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 200 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 | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 0 | | 0 | | |
| April | 0 | | 0 | | |
| May | 0 | | 0 | | |
| June | 2100 | 200 | 0 | | 30 |
| July | 2170 | 200 | 0 | | 31 |
| August | 2100 | 200 | 0 | | 31 |
| September | 2100 | 200 | 0 | | 30 |
| October | 2170 | 200 | 0 | | 31 |
| November | 2100 | 200 | 0 | | 30 |
| December | 2170 | 200 | 0 | | 31 |
| ***TOTAL*** | 14910 | | 0 | | |

Submitted Electronically