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 # 35369
Name: Lyons, Clarence Jr.
Address 1: 601 N. KANSAS
Address 2:
City: CHANUTE State: KS Zip: 66720 + 1536
Contact Person: Clarence Lyons Jr
Phone: (620) 778-0738
Lease Name: WILES
Well Number: 2

API No.: 15-001-03063-00-00
Permit No: E21224.1
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SE - NE Sec. 31 Twp. 26 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
3446 feet from ☐ N / ☑ S Line of Section
95 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: CEDAR HILLS
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	15	250			31
February	15	250			28
March	15	250			31
April	15	250			30
May	15	250			31
June	15	250			30
July	15	250			31
August	15	250			31
September	15	250			30
October	15	250			31
November	15	250			30
December	15	250			31
TOTAL	180		0		

Submitted Electronically