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 # 6039
Name: L. D. Drilling, Inc.
Address 1: 7 SW 26TH AVE
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 6525
Contact Person: Susan Schneweis
Phone: (620) 793-3051
Lease Name: WILLIAMSON
Well Number: 2

API No.: 15-135-30362-00-01
Permit No: D13854.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NW - NW Sec. 33 Twp. 18 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
4653 feet from ☐ N / ☑ S Line of Section
4648 feet from ☑ E / ☐ W Line of Section
County: Ness

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: CEDAR HILLS
Maximum Authorized Injection Rate: 400 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	775				31
February	672				28
March	775				31
April	780				30
May	750				31
June	750				30
July	682				31
August	682				31
September	660				30
October	713				31
November	660				30
December	682				31
TOTAL	8581		0		

Submitted Electronically