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 # 6804
Name: Lachenmayr Oil LLC
Address 1: PO BOX 526
Address 2:
City: NEWTON State: KS Zip: 67114 + __ __ __ __
Contact Person: John
Phone: (316) 284-1991
Lease Name: HARVEY COUNTY
Well Number: 2

API No.: 15-079-20518-00-00
Permit No: D20820.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NW - SE Sec. 4 Twp. 23 S. R. 2 ☑ E ☐ W
(Q/Q/Q/Q)
2340 feet from ☐ N / ☑ S Line of Section
2240 feet from ☑ E / ☐ W Line of Section
County: Harvey

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: 0 psi Injection Zone: ARBUCKLE,VIOLA
Maximum Authorized Injection Rate: 2000 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	4314	0	0	0	31
February	3922	0	0	0	28
March	4902	0	0	0	31
April	4511	0	0	0	30
May	4118	0	0	0	31
June	4314	0	0	0	30
July	3922	0	0	0	31
August	3922	0	0	0	31
September	3529	0	0	0	30
October	3726	0	0	0	31
November	3529	0	0	0	30
December	3726	0	0	0	31
TOTAL	48435		0		

Submitted Electronically