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 # 3842
Name: Larson Engineering, Inc. dba Larson Operating Company
Address 1: 562 W STATE RD 4
Address 2:
City: OLMITZ State: KS Zip: 67564 + 8561
Contact Person: Tom Larson
Phone: (620) 653-7368
Lease Name: HINEMAN
Well Number: 1 OWWO

API No.: 15-101-20072-00-01
Permit No: E32512.1
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - SW - NE Sec. 33 Twp. 18 S. R. 28 ☐ E ☑ W
(Q/Q/Q/Q)
3312 feet from ☐ N / ☑ S Line of Section
1982 feet from ☑ E / ☐ W Line of Section
County: Lane

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: 1200 psi Injection Zone: LANSING-KANSAS CITY,MIDDLE CREEK
Maximum Authorized Injection Rate: 1000 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	4778	0			31
February	5085	0			28
March	5716	0			31
April	5437	0			30
May	5716	0			31
June	5532	0			30
July	5647	0			31
August	5664	0			31
September	5506	0			30
October	5716	0			31
November	5437	0			30
December	5457	0			31
TOTAL	65691		0		

Submitted Electronically