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: LUCILLE
Well Number: 2-34

API No.: 15-101-21998-00-01
Permit No: E32592.1
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SW - NW Sec. 34 Twp. 18 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
3108 feet from ☐ N / ☑ S Line of Section
4797 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: ALTAMONT,LANSING-KANSAS CITY,JOHNSON,MYRICK STATIO
Maximum Authorized Injection Rate: 750 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					
February					
March					
April	9982	600			30
May	2248	700			31
June	1853	800			30
July	719	700			31
August	4995	900			31
September	4721	875			30
October	4810	900			31
November	5786	900			30
December	5828	1000			31
TOTAL	40942		0		

Submitted Electronically