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: NEIL
Well Number: 2-28

API No.: 15-101-21995-00-01
Permit No: E32398.1
Reporting Year: 2018
(January 1 to December 31)

____ - NW - SE - NE Sec. 28 Twp. 18 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
3751 feet from ☐ N / ☑ S Line of Section
851 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,JOHNSON,PLEASANTON
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	10141	300			31
February	6277	300			28
March	1036	60			31
April	17	0			30
May	176	0			31
June	266	0			30
July	1667	0			31
August	51	0			31
September	4624	0			30
October	4732	0			31
November	2828	0			30
December	0	0			0
TOTAL	31815		0		

Submitted Electronically