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: STANLEY
Well Number: 4-28

API No.: 15-101-21930-00-01
Permit No: E30039.1
Reporting Year: 2018
(January 1 to December 31)

____ - E2 - SW - NW Sec. 28 Twp. 18 S. R. 29 ☐ E ☑ W
(Q/Q/Q/Q)
3197 feet from ☐ N / ☑ S Line of Section
4187 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: 1000 psi Injection Zone: PLEASANTON
Maximum Authorized Injection Rate: 500 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	13833				31
February	12494				28
March	13833				31
April	13386				30
May	13339				31
June	11740				30
July	10210				31
August	13339				31
September	13386				30
October	12680				31
November	10917				30
December	11314				31
TOTAL	150471		0		

Submitted Electronically