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 # 31428
Name: Crawford, Jeff dba Lonestar Oil Co
Address 1: PO BOX 205
Address 2:
City: GORHAM State: KS Zip: 67640 + 0205
Contact Person: Jeff Crawford
Phone: (785) 735-4585
Lease Name: FOSTER - A
Well Number: W-40

API No.: 15-167-04475-00-00
Permit No: E09846.7
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - ____ - NW Sec. 3 Twp. 14 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
3914 feet from ☐ N / ☑ S Line of Section
4000 feet from ☑ E / ☐ W Line of Section
County: Russell

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: LANSING-KANSAS CITY,TOPEKA
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	19740	420	0	0	31
February	18520	420	0	0	28
March	19680	420	0	0	31
April	19001	420	0	0	30
May	19670	420	0	0	31
June	19010	420	0	0	30
July	19725	420	0	0	31
August	19740	420	0	0	31
September	19115	420	0	0	30
October	19880	420	0	0	31
November	19115	420	0	0	30
December	19870	420	0	0	31
TOTAL	233066		0		

Submitted Electronically