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 # 32079
Name: Leis, John E.
Address 1: 1188 NIGHTHAWK RD.
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: John Leis
Phone: ( 620 ) 625-3676
Lease Name: CURTIS ABBEY
Well Number: SWD-1

API No.: 15-207-25451-00-01
Permit No: D28136.0
Reporting Year: 2018
*(January 1 to December 31)*

NW - NW - NW - NE Sec. 19 Twp. 25 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
5090 feet from ☐ N / ☑ S Line of Section
2475 feet from ☑ E / ☐ W Line of Section
County: Woodson

**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: 0 psi Injection Zone: Kansas City
Maximum Authorized Injection Rate: 10 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 93 | 0 | | | 31 |
| February | 84 | 0 | | | 28 |
| March | 93 | 0 | | | 31 |
| April | 90 | 0 | | | 30 |
| May | 93 | 0 | | | 31 |
| June | 90 | 0 | | | 30 |
| July | 93 | 0 | | | 31 |
| August | 93 | 0 | | | 31 |
| September | 90 | 0 | | | 30 |
| October | 93 | 0 | | | 31 |
| November | 90 | 0 | | | 30 |
| December | 93 | 0 | | | 31 |
| ***TOTAL*** | 1095 | | 0 | | |

Submitted Electronically