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: COOL
Well Number: INJ-2

API No.: 15-207-25472-00-00
Permit No: E24744.4
Reporting Year: 2018
(January 1 to December 31)

SE - SE - NW - NE Sec. 24 Twp. 24 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
4252 feet from ☐ N / ☑ S Line of Section
1377 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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 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	160	350			31
February	146	350			28
March	160	350			31
April	153	350			30
May	160	350			31
June	153	350			30
July	160	350			31
August	160	350			31
September	153	350			30
October	160	350			31
November	153	350			30
December	160	350			31
TOTAL	1878		0		

Submitted Electronically