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: DAVIDSON
Well Number: 8

API No.: 15-207-25256-00-00
Permit No: E24074.1
Reporting Year: 2018
(January 1 to December 31)

NW - SE - SW - SW Sec. 7 Twp. 24 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
605 feet from ☐ N / ☑ S Line of Section
4608 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: 650 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 250 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	465	450			31
February	420	450			28
March	465	450			31
April	450	450			30
May	465	450			31
June	450	450			30
July	465	450			31
August	465	450			31
September	450	450			30
October	465	450			31
November	450	450			30
December	465	450			31
TOTAL	5475		0		

Submitted Electronically