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 # 5983
Name: Leis, Victor J.
Address 1: 205 N CASTLE ST
Address 2:
City: PAOLA State: KS Zip: 66071 + 1511
Contact Person: RYAN LEIS
Phone: ( 785 ) 313-2567
Lease Name: TANNAHILL
Well Number: I-6

API No.: 15-207-29066-00-00
Permit No: E30098.9
Reporting Year: 2019
*(January 1 to December 31)*

NW - SW - NW - NE Sec. 4 Twp. 24 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
4300 feet from ☐ N / ☑ S Line of Section
2360 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: 400 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 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 | 310 | 100 | 0 | 0 | 31 |
| February | 280 | 100 | 0 | 0 | 28 |
| March | 310 | 100 | 0 | 0 | 31 |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |
| ***TOTAL*** | 900 | | 0 | | |

Submitted Electronically