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 # 34772
Name: Ensminger Energy LLC
Address 1: 1493 3000 ST.
Address 2:
City: MORAN State: KS Zip: 66755 + 3949
Contact Person: Alan Ensminger
Phone: ( 620 ) 496-7182
Lease Name: LARSON C
Well Number: 123

API No.: 15-001-25023-00-01
Permit No: E21630.14
Reporting Year: 2019
*(January 1 to December 31)*

____ - SE - SW - NE Sec. 32 Twp. 25 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
3014 feet from ☐ N / ☑ S Line of Section
1419 feet from ☑ E / ☐ W Line of Section
County: Allen

**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: 550 psi Injection Zone: Bartleville
Maximum Authorized Injection Rate: 20 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 | 445 | 550 | | | 31 |
| February | 450 | 550 | | | 28 |
| March | 450 | 550 | | | 31 |
| April | 440 | 550 | | | 30 |
| May | 450 | 550 | | | 31 |
| June | 445 | 550 | | | 30 |
| July | 450 | 550 | | | 31 |
| August | 450 | 550 | | | 31 |
| September | 440 | 550 | | | 30 |
| October | 445 | 550 | | | 31 |
| November | 450 | 550 | | | 30 |
| December | 450 | 550 | | | 31 |
| ***TOTAL*** | 5365 | | 0 | | |

Submitted Electronically