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 # 6804
Name: Lachenmayr Oil LLC
Address 1: PO BOX 526
Address 2:
City: NEWTON State: KS Zip: 67114 + 0526
Contact Person: John Lachenmayr
Phone: (316) 284-1991
Lease Name: GOODRICH
Well Number: 101

API No.: 15-173-00686-00-01
Permit No: D28341.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - SE - NW Sec. 16 Twp. 25 S. R. 1 ☑ E ☐ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	13667	0	0	0	31
February	9625	0	0	0	28
March	11125	0	0	0	31
April	14771	0	0	0	30
May	13896	0	0	0	31
June	12042	0	0	0	30
July	10167	0	0	0	31
August	11334	0	0	0	31
September	12209	0	0	0	30
October	13834	0	0	0	31
November	11875	0	0	0	30
December	11584	0	0		31
TOTAL	146129		0		

Submitted Electronically