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: REED
Well Number: 9

API No.: 15-173-20707-00-01
Permit No: D24364.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SE - SW Sec. 1 Twp. 26 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
990 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: 5000 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	50676	0	0	0	31
February	61486	0	0	0	28
March	53154	0	0	0	31
April	54392	0	0	0	30
May	53041	0	0	0	31
June	49776	0	0	0	30
July	50789	0	0	0	31
August	50676	0	0	0	31
September	45495	0	0	0	30
October	26803	0	0	0	31
November	27141	0	0	0	30
December	50676	0	0	0	31
TOTAL	574105		0		

Submitted Electronically