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 # 5210
Name: Lebsack Oil Production Inc.
Address 1: P.O. BOX 159
Address 2:
City: STAFFORD State: KS Zip: 67578 + 0159
Contact Person: Josh Austin
Phone: (620) 234-5191
Lease Name: EATON CREEK
Well Number: 2

API No.: 15-051-01079-00-01
Permit No: D26181.0
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SW - SW Sec. 25 Twp. 12 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
972 feet from ☐ N / ☑ S Line of Section
4406 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: CEDAR HILLS
Maximum Authorized Injection Rate: 800 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	527	0	0	0	31
February	476	0	0	0	28
March	527	0	0	0	31
April	510	0	0	0	30
May	527	0	0	0	31
June	510	0	0	0	30
July	651	0	0	0	31
August	551	0	0	0	31
September	630	0	0	0	30
October	651	0	0	0	31
November	630	0	0	0	30
December	651	0	0	0	31
TOTAL	6841		0		

Submitted Electronically