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: DAFFODIL
Well Number: 1-18

API No.: 15-055-21973-00-01
Permit No: D32575.0
Reporting Year: 2019
(January 1 to December 31)

N2 - S2 - SW - NW Sec. 18 Twp. 22 S. R. 33 ☐ E ☑ W
(Q/Q/Q/Q)
3130 feet from ☐ N / ☑ S Line of Section
4620 feet from ☑ E / ☐ W Line of Section
County: Finney

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: 500 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	5580	0	0	0	31
February	5320	0	0	0	28
March	6045	0	0	0	31
April	5460	0	0	0	30
May	6045	0	0	0	31
June	5700	0	0	0	30
July	5890	0	0	0	31
August	6045	0	0	0	31
September	5820	0	0	0	30
October	6045	0	0	0	31
November	5775	0	0	0	30
December	6000	0	0	0	31
TOTAL	69725		0		

Submitted Electronically