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 # 35711
Name: Essex Resources, LLC
Address 1: 4375 CR 2600
Address 2:
City: COFFEYVILLE State: KS Zip: 67337 + 8836
Contact Person: Greg
Phone: ( 620 ) 875-0735
Lease Name: LANTZ
Well Number: 15

API No.: 15-019-25694-00-00
Permit No: E27370.1
Reporting Year: 2019
*(January 1 to December 31)*

NE - SE - NE - SW Sec. 26 Twp. 33 S. R. 11 ☑ E ☐ W
*(Q/Q/Q/Q)*
1908 feet from ☐ N / ☑ S Line of Section
2834 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

**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: 300 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 300 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | | | | | |
| February | | | | | |
| March | | | | | |
| April | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| August | | | | | |
| September | | | | | |
| October | | | | | |
| November | | | | | |
| December | | | | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically