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 # 3331
Name: Steinle, Mary Ann dba Samco Investments
Address 1: 3871 198TH ST
Address 2:
City: DORRANCE State: KS Zip: 67634 + 9429
Contact Person: Rich Steinle
Phone: (785) 483-7703
Lease Name: LESTER CORP.
Well Number: 1-SWD

API No.: 15-167-22257-00-01
Permit No: D26683.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - NW Sec. 24 Twp. 14 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
3829 feet from ☐ N / ☑ S Line of Section
4963 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 400 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	320	0	0		30
February	320	0	0		28
March	320	0	0		30
April	320	0	0		30
May	320	0	0		30
June	320	0	0		30
July	320	0	0		30
August	320	0	0		30
September	320	0	0		30
October	320	0	0		30
November	320	0	0		30
December	320	0	0		30
TOTAL	3840		0		

Submitted Electronically