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 # 32079
Name: Leis, John E.
Address 1: 1188 NIGHTHAWK RD.
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 9111
Contact Person: John Leis
Phone: (620) 625-3676
Lease Name: DAVIDSON
Well Number: 8

API No.: 15-207-25256-00-01
Permit No: E24074.1
Reporting Year: 2020
(January 1 to December 31)

NW - SE - SW - SW Sec. 7 Twp. 24 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
605 feet from ☐ N / ☑ S Line of Section
4608 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 650 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 250 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	930	300			31
February	840	300			28
March	0	0			0
April	0	0			0
May	930	300			31
June	900	300			30
July	930	300			31
August	930	300			31
September	900	300			30
October	930	300			31
November	900	300			30
December	930	300			31
TOTAL	9120		0		

Submitted Electronically