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 # 34036
Name: Leis Oil Services, LLC
Address 1: 1410 150TH RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5415
Contact Person: John Leis
Phone: (620) 212-0752
Lease Name: ALEXANDER V
Well Number: W 5

API No.: 15-207-01385-00-00
Permit No: E19162.1
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SW - NW Sec. 18 Twp. 24 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
3547 feet from ☐ N / ☑ S Line of Section
4459 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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 50 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	465	250			31
February	420	250			28
March	0	0			0
April	0	0			0
May	465	250			31
June	450	250			30
July	465	250			31
August	465	250			31
September	450	250			30
October	465	250			31
November	450	250			30
December	465	250			31
TOTAL	4560		0		

Submitted Electronically