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 # 34152
Name: Legend Energy LLC
Address 1: 2225 CR 5100
Address 2:
City: COFFEYVILLE State: KS Zip: 67337 + 9243
Contact Person: Herman von Holt
Phone: (225) 907-6346
Lease Name: BARNES
Well Number: 1

API No.: 15-099-23263-00-01
Permit No: E28642.1
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - NE Sec. 21 Twp. 31 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4701 feet from ☐ N / ☑ S Line of Section
843 feet from ☑ E / ☐ W Line of Section
County: Labette

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: 100 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 100 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	0	0			0
February	0	0			0
March	0	0			0
April	0	0			0
May	0	0			0
June	0	0			0
July	0	0			0
August	0	0			0
September	0	0			0
October	0	0			0
November	0	0			0
December	0	0			0
TOTAL	0		0		

Submitted Electronically