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 # 6039
Name: L. D. Drilling, Inc.
Address 1: 7 SW 26 AVE
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 6525
Contact Person: Marilyn M Davis
Phone: (620) 793-3051
Lease Name: NORTH GLENN
Well Number: 2-30

API No.: 15-063-21493-00-01
Permit No: D27574.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - NE - NE Sec. 30 Twp. 14 S. R. 30 ☐ E ☑ W
(Q/Q/Q/Q)
4586 feet from ☐ N / ☑ S Line of Section
781 feet from ☑ E / ☐ W Line of Section
County: Gove

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	1705				31
February	1595				29
March	1725				31
April	1650				30
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	0				
December	0				
TOTAL	6675		0		

Submitted Electronically