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: WELSH (J WELSH A)
Well Number: 2

API No.: 15-185-12661-00-01
Permit No: E06117.2
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - SW Sec. 18 Twp. 21 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
998 feet from ☐ N / ☑ S Line of Section
4823 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 500 psi Injection Zone: ARBUCKLE
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	5580				31
February	4785				29
March	5590				31
April	0				
May	0				
June	5100				30
July	5270				31
August	5300				31
September	5100				30
October	4960				31
November	5350				30
December	5575				31
TOTAL	52610		0		

Submitted Electronically