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: WILLIAMSON
Well Number: 2

API No.: 15-135-20050-00-01
Permit No: D13854.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - NW - NW - NW Sec. 33 Twp. 18 S. R. 24 ☐ E ☑ W
*(Q/Q/Q/Q)*
4653 feet from ☐ N / ☑ S Line of Section
4648 feet from ☑ E / ☐ W Line of Section
County: Ness

**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: CEDAR HILLS
Maximum Authorized Injection Rate: 400 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 | 713 | | | | 31 |
| February | 677 | | | | 29 |
| March | 775 | | | | 31 |
| April | 0 | | | | |
| May | 0 | | | | |
| June | 0 | | | | |
| July | 0 | | | | |
| August | 0 | | | | |
| September | 0 | | | | |
| October | 0 | | | | |
| November | 0 | | | | |
| December | 0 | | | | |
| ***TOTAL*** | 2165 | | 0 | | |

Submitted Electronically