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 # 33391
Name: Leis, Ryan M.
Address 1: PO BOX 242
Address 2:
City: Higley State: AZ Zip: 85236 + __ __ __ __
Contact Person: RYAN LEIS
Phone: (785) 313-2567
Lease Name: EGGERS
Well Number: 3

API No.: 15-207-21655-00-01
Permit No: E25346.2
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - E2 - SE Sec. 7 Twp. 26 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
1515 feet from ☐ N / ☑ S Line of Section
400 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: 450 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 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	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	20	200	0	0	1
May	50	200	0	0	2
June	0	0	0	0	0
July	50	0	0	0	3
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	100	200	0	0	4
December	0	0	0	0	0
TOTAL	220		0		

Submitted Electronically