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 # 30525
Name: Langston Oil & Gas LLC
Address 1: 310 W CENTRAL AVE STE 202
Address 2:
City: WICHITA State: KS Zip: 67202 + 1004
Contact Person: D. S. LANGSTON
Phone: (620) 786-0874
Lease Name: SANDHILL DISPOSAL
Well Number: 1

API No.: 15-159-21967-00-00
Permit No: D23878.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SE - SW Sec. 2 Twp. 21 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
255 feet from ☐ N / ☑ S Line of Section
3946 feet from ☑ E / ☐ W Line of Section
County: Rice

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: ARBUCKLE
Maximum Authorized Injection Rate: 6000 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	4735	0	0	0	31
February	53500	0	0	0	28
March	4685	0	0	0	31
April	4760	0	0	0	30
May	5065	0	0	0	31
June	4990	0	0	0	30
July	48050	0	0	0	31
August	5245	0	0	0	31
September	5125	0	0	0	30
October	5235	0	0	0	31
November	5105	0	0	0	30
December	4870	0	0	0	31
TOTAL	151365		0		

Submitted Electronically