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 # 35502
Name: LDH Operating LLC
Address 1: PO BOX 780093
Address 2:
City: WICHITA State: KS Zip: 67278 + 0093
Contact Person: Jud Hale
Phone: (316) 204-4439
Lease Name: MCFALL A
Well Number: 1

API No.: 15-035-21730-00-00
Permit No: D23184.0
Reporting Year: 2020
(January 1 to December 31)

S2 - SW - SW - SE Sec. 13 Twp. 33 S. R. 6 ☑ E ☐ W
(Q/Q/Q/Q)
98 feet from ☐ N / ☑ S Line of Section
2492 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: STALNAKER
Maximum Authorized Injection Rate: 800 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	465	70	0		31
February	435	70	0		28
March	465	70	0		31
April	450	70	0		30
May	465	70	0		31
June	450	70	0		30
July	465	70	0		31
August	465	70	0		31
September	450	70	0		30
October	465	70	0		31
November	450	70	0		30
December	465	70	0		31
TOTAL	5490		0		

Submitted Electronically