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 # 31980
Name: Lotus Operating Company, L.L.C.
Address 1: 100 S MAIN ST, STE 420
Address 2:
City: WICHITA State: KS Zip: 67202 + 3737
Contact Person: Tim Hellman
Phone: ( 316 ) 262-1077
Lease Name: KADAU SWD
Well Number: V1-13

API No.: 15-035-24493-00-01
Permit No: E32538.1
Reporting Year: 2021
*(January 1 to December 31)*

____ - ____ - ____ - SE Sec. 13 Twp. 33 S. R. 5 ☑ E ☐ W
*(Q/Q/Q/Q)*
495 feet from ☐ N / ☑ S Line of Section
1835 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: 100 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 3000 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 | 93 | 0 | 0 | 0 | 31 |
| February | 84 | 0 | 0 | 0 | 28 |
| March | 93 | 0 | 0 | 0 | 31 |
| April | 90 | 0 | 0 | 0 | 30 |
| May | 93 | 0 | 0 | 0 | 31 |
| June | 0 | 0 | 0 | 0 | 0 |
| July | 0 | 0 | 0 | 0 | 0 |
| August | 465 | 0 | 0 | 0 | 31 |
| September | 150 | 0 | 0 | 0 | 30 |
| October | 93 | 0 | 0 | 0 | 31 |
| November | 90 | 0 | 0 | 0 | 30 |
| December | 93 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 1344 | | 0 | | |

Submitted Electronically