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 # 35369
Name: Lyons, Clarence Jr.
Address 1: 601 N. KANSAS
Address 2:
City: CHANUTE State: KS Zip: 66720 + 1536
Contact Person: Clarence Lyons
Phone: (620) 778-0738
Lease Name: WILES
Well Number: 2

API No.: 15-001-03063-00-00
Permit No: E21224.1
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SE - NE Sec. 31 Twp. 26 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
3446 feet from ☐ N / ☑ S Line of Section
95 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 600 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 200 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				
February	0				
March	0				
April	0				
May	0				
June	0				
July	0				
August	0				
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically