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 # 34152
Name: Legend Energy LLC
Address 1: 543A 22000 Rd
Address 2:
City: Cherryvale State: KS Zip: 67335 + 8515
Contact Person: Kam von Holt
Phone: (225) 907-6346
Lease Name: HOBSON
Well Number: I-4

API No.: 15-037-22313-00-00
Permit No: E32229.4
Reporting Year: 2021
(January 1 to December 31)

SW - SE - NE - NW Sec. 32 Twp. 30 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
4049 feet from ☐ N / ☑ S Line of Section
3151 feet from ☑ E / ☐ W Line of Section
County: Crawford

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: 200 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 30 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	120	200			30
February	60	200			14
March	120	200			30
April	120	200			30
May	120	200			30
June	120	200			30
July	120	200			30
August	120	200			30
September	120	200			30
October	120	200			30
November	120	200			30
December	120	200			30
TOTAL	1380		0		

Submitted Electronically