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 # 5210
Name: Lebsack Oil Production Inc.
Address 1: P.O. BOX 159
Address 2:
City: STAFFORD State: KS Zip: 67578 + 0159
Contact Person: Josh Austin
Phone: ( 620 ) 234-5191
Lease Name: CRIST
Well Number: 1-7

API No.: 15-055-21048-00-01
Permit No: D26806.0
Reporting Year: 2021
*(January 1 to December 31)*

____ - SW - SW - SW Sec. 7 Twp. 21 S. R. 34 ☐ E ☑ W
*(Q/Q/Q/Q)*
330 feet from ☐ N / ☑ S Line of Section
4950 feet from ☑ E / ☐ W Line of Section
County: Finney

**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: CEDAR HILLS
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 | 3100 | 0 | 0 | 0 | 31 |
| February | 2716 | 0 | 0 | 0 | 28 |
| March | 3410 | 0 | 0 | 0 | 31 |
| April | 3000 | 0 | 0 | 0 | 30 |
| May | 4030 | 0 | 0 | 0 | 31 |
| June | 3750 | 0 | 0 | 0 | 30 |
| July | 3720 | 0 | 0 | 0 | 31 |
| August | 4960 | 0 | 0 | 0 | 31 |
| September | 5250 | 0 | 0 | 0 | 30 |
| October | 5208 | 0 | 0 | 0 | 31 |
| November | 4860 | 0 | 0 | 0 | 30 |
| December | 5270 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 49274 | | 0 | | |

Submitted Electronically