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: NORTH RIVER
Well Number: 7

API No.: 15-159-22838-00-01
Permit No: D32971.0
Reporting Year: 2021
(January 1 to December 31)

N2 - S2 - S2 - SW Sec. 27 Twp. 20 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
440 feet from ☐ N / ☑ S Line of Section
1320 feet from ☐ E / ☑ W Line of Section
County: Rice

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	2375	0	0	0	26
May	13020	0	0	0	31
June	12150	0	0	0	30
July	12400	0	0	0	31
August	12400	0	0	0	31
September	12000	0	0	0	30
October	12400	0	0	0	31
November	12000	0	0	0	30
December	12400	0	0	0	31
TOTAL	101145		0		

Submitted Electronically