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 # 35711
Name: Essex Resources, LLC
Address 1: 4375 CR 2600
Address 2:
City: COFFEYVILLE State: KS Zip: 67337 + 8836
Contact Person: Greg Wilkinson
Phone: (620) 875-0735
Lease Name: LANTZ
Well Number: 17

API No.: 15-019-26516-00-01
Permit No: E27370.2
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NW - SW Sec. 26 Twp. 33 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
2173 feet from ☐ N / ☑ S Line of Section
4004 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: _____ psi Injection Zone: Wayside
Maximum Authorized Injection Rate: _____ 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically