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 # 35800
Name: Lockhart Oil LLC
Address 1: 411 Main
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4026
Contact Person: Aaron Lockhart
Phone: (620) 363-1926
Lease Name: PAUL BAKER
Well Number: 5

API No.: 15-207-23987-00-01
Permit No: E24569.2
Reporting Year: 2021
(January 1 to December 31)

NW - SE - SE - NE Sec. 16 Twp. 26 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
3135 feet from ☐ N / ☑ S Line of Section
495 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: BARTLESVILLE
Maximum Authorized Injection Rate: 100 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	50	250	0	0	30
May	450	250	0	0	31
June	527	250	0	0	30
July	500	250	0	0	31
August	150	250	0	0	31
September	220	250	0	0	30
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	1897		0		

Submitted Electronically