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 ST
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4026
Contact Person: Aaron Lockhart
Phone: (620) 363-1926
Lease Name: BRAMAN CLAY
Well Number: 18

API No.: 15-205-24114-00-00
Permit No: E23940.2
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NW - NW Sec. 6 Twp. 27 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
5119 feet from ☐ N / ☑ S Line of Section
4184 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 1000 psi Injection Zone: BARTLESVILLE
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	3720	200	0	0	31
February	3780	200	0	0	28
March	4402	200	0	0	31
April	4170	200	0	0	30
May	4867	220	0	0	31
June	6090	225	0	0	30
July	6975	225	0	0	31
August	9920	230	0	0	31
September	9750	230	0	0	30
October	9300	230	0	0	31
November	10050	230	0	0	30
December	12710	230	0	0	31
TOTAL	85734		0		

Submitted Electronically