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 # 30525
Name: Langston Oil & Gas LLC
Address 1: 310 W CENTRAL AVE STE 202
Address 2:
City: WICHITA State: KS Zip: 67202 + 1004
Contact Person: DS Langston
Phone: ( 620 ) 786-0874
Lease Name: MARY IDA (DOLL)
Well Number: 1 (2)

API No.: 15-009-07290-00-00
Permit No: E09151.8
Reporting Year: 2021
*(January 1 to December 31)*

____ - SW - NE - SE Sec. 36 Twp. 18 S. R. 11 ☐ E ☑ W
*(Q/Q/Q/Q)*
1674 feet from ☐ N / ☑ S Line of Section
1082 feet from ☑ E / ☐ W Line of Section
County: Barton

**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: LANSING-KANSAS CITY,ARBUCKLE
Maximum Authorized Injection Rate: 1000 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 | | | | |
| February | 0 | | | | |
| March | 0 | | | | |
| April | 0 | | | | |
| May | 0 | | | | |
| June | 0 | | | | |
| July | 0 | | | | |
| August | 0 | | | | |
| September | 0 | | | | |
| October | 0 | | | | |
| November | 0 | | | | |
| December | 0 | | | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically