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 # 6804
Name: Lachenmayr Oil LLC
Address 1: PO BOX 526
Address 2:
City: NEWTON State: KS Zip: 67114 + 0526
Contact Person: John Lachenmayr
Phone: (316) 284-1991
Lease Name: AYRES
Well Number: 2

API No.: 15-173-21036-00-00
Permit No: D32020.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NW - NE Sec. 26 Twp. 25 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 750 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	1604	0	0	0	31
February	1849	0	0	0	28
March	833	0	0	0	31
April	1490	0	0	0	30
May	1453	0	0	0	31
June	1375	0	0	0	30
July	1464	0	0	0	31
August	1328	0	0	0	31
September	495	0	0	0	30
October	1490	0	0	0	31
November	1359	0	0	0	30
December	833	0	0	0	31
TOTAL	15573		0		

Submitted Electronically