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: GOODRICH
Well Number: 101

API No.: 15-173-00686-00-01
Permit No: D28341.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - SE - SE - NW Sec. 16 Twp. 25 S. R. 1 ☑ E ☐ W
*(Q/Q/Q/Q)*
2970 feet from ☐ N / ☑ S Line of Section
2970 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: 2000 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 | 21759 | 0 | 0 | 0 | 31 |
| February | 20694 | 0 | 0 | 0 | 28 |
| March | 19908 | 0 | 0 | 0 | 31 |
| April | 15556 | 0 | 0 | 0 | 30 |
| May | 22176 | 0 | 0 | 0 | 31 |
| June | 23889 | 0 | 0 | 0 | 30 |
| July | 25092 | 0 | 0 | 0 | 31 |
| August | 25359 | 0 | 0 | 0 | 31 |
| September | 19537 | 0 | 0 | 0 | 30 |
| October | 18333 | 0 | 0 | 0 | 31 |
| November | 17686 | 0 | 0 | 0 | 30 |
| December | 22500 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 252489 | | 0 | | |

Submitted Electronically