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 # 36062
Name: Lewis, Beverly J
Address 1: PO BOX 614
Address 2:
City: IOLA State: KS Zip: 66749 + 0614
Contact Person: Dave Kimzey
Phone: (620) 496-6257
Lease Name: WEST JR LEWIS
Well Number: 2-12

API No.: 15-001-30553-00-00
Permit No: E31533.1
Reporting Year: 2023
(January 1 to December 31)

____ - NW - NE - NW Sec. 12 Twp. 24 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
5218 feet from ☐ N / ☑ S Line of Section
3585 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 400 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 75 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	620	100			31
September	600	100			30
October	620	100			31
November	600	100			30
December	620	100			31
TOTAL	3060		0		

Submitted Electronically