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 # 35775
Name: Legacy Energy LLC
Address 1: P.O. Box 162
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0162
Contact Person: Chad A Counts
Phone: (785) 3240301
Lease Name: DELMAR CHRISLER
Well Number: 1

API No.: 15-051-21676-00-01
Permit No: D22440.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SE - SE Sec. 35 Twp. 11 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
313 feet from ☐ N / ☑ S Line of Section
468 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: CEDAR HILLS
Maximum Authorized Injection Rate: 300 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	2580	0			31
February	2400	0			28
March	2580	0			31
April	2500	0			30
May	2580	0			31
June	2500	0			30
July	2580	0			31
August	2580	0			31
September	2500	0			30
October	2580	0			31
November	2500	0			30
December	2580	0			31
TOTAL	30460		0		

Submitted Electronically