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 # 33900
Name: Leis, Steven A.
Address 1: 1135 30TH RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5107
Contact Person: SL
Phone: (620) 330-6328
Lease Name: EGGERS
Well Number: I-12

API No.: 15-207-24154-00-00
Permit No: E21926.12
Reporting Year: 2023
(January 1 to December 31)

____ - NE - SW - NE Sec. 33 Twp. 25 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
3598 feet from ☐ N / ☑ S Line of Section
1474 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 25 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	550	250			31
February	500	250			28
March	550	250			31
April	525	250			30
May	550	250			31
June	525	250			30
July	550	250			31
August	525	250			31
September	525	250			30
October	550	250			31
November	525	250			30
December	550	250			31
TOTAL	6425		0		

Submitted Electronically