KOLAR Document ID: 1764424

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 # 35800
Name: Lockhart Oil LLC
Address 1: 411 MAIN ST
Address 2:
City: NEOSHO FALLS State: KS Zip: 66758 + 4026
Contact Person: Aaron Lockhart
Phone: (620) 363-1926
Lease Name: THORSELL
Well Number: I 2

API No.: 15-205-23709-00-01
Permit No: E27154.1
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NW - SW Sec. 19 Twp. 27 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
1834 feet from ☐ N / ☑ S Line of Section
4567 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 600 psi Injection Zone: BARTLESVILLE
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	0			31
February	0				28
March	0				31
April	0				30
May	0				31
June	125	450			30
July	0				31
August	0				31
September	87	420			30
October	0				31
November	0				30
December	0				31
TOTAL	212		0		

Submitted Electronically