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: MAK (NUNNENKAMP)
Well Number: 1

API No.: 15-205-24465-00-00
Permit No: D24989.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - NE - SE Sec. 5 Twp. 29 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2147 feet from ☐ N / ☑ S Line of Section
129 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: 450 psi Injection Zone: TUCKER,MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 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	520	0			31
February	589	0			28
March	533	0			31
April	490	0			30
May	522	0			31
June	380	0			30
July	502	0			31
August	0	0			31
September	0	0			30
October	0	0			31
November	689	0			30
December	650	0			31
TOTAL	4875		0		

Submitted Electronically