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 # 6804
Name: Lachenmayr Oil LLC
Address 1: PO BOX 526
Address 2:
City: NEWTON State: KS Zip: 67114 + 0526
Contact Person: John
Phone: (316) 284-1991
Lease Name: AYRES
Well Number: 2

API No.: 15-173-21036-00-00
Permit No: D32020.0
Reporting Year: 2024
(January 1 to December 31)

____ - SW - NW - NE Sec. 26 Twp. 25 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
4290 feet from ☐ N / ☑ S Line of Section
2310 feet from ☑ E / ☐ W Line of Section
County: Sedgwick

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: ARBUCKLE
Maximum Authorized Injection Rate: 750 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	1000	0	0	0	31
February	1079	0	0	0	28
March	1458	0	0	0	30
April	1354	0	0	0	30
May	771	0	0	0	31
June	729	0	0	0	30
July	13	0	0	0	31
August	1208	0	0	0	31
September	1635	0	0	0	30
October	229	0	0	0	31
November	1255	0	0	0	30
December	13	0	0	0	31
TOTAL	10744		0		

Submitted Electronically