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: A C WRIGHT
Well Number: 0-13

API No.: 15-173-30075-00-01
Permit No: E11419.2
Reporting Year: 2024
(January 1 to December 31)

____ - NE - NE - NE Sec. 12 Twp. 26 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
4968 feet from ☐ N / ☑ S Line of Section
330 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: 500 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 600 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	3129	0	0	0	31
February	3058	0	0	0	28
March	2686	0	0	0	31
April	4835	0	0	0	30
May	890	0	0	0	31
June	2740	0	0	0	30
July	2836	0	0	0	31
August	2135	0	0	0	31
September	2297	0	0	0	30
October	2588	0	0	0	31
November	2995	0	0	0	30
December	2935	0	0	0	31
TOTAL	33124		0		

Submitted Electronically