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 # 7281
Name: Vonfeldt, Alan J
Address 1: P.O. BOX 611
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0611
Contact Person: ALAN VONFELDT
Phone: (785) 483-0252
Lease Name: LAYHER A SWD
Well Number: 2

API No.: 15-167-21921-00-01
Permit No: D34040.0
Reporting Year: 2024
(January 1 to December 31)

S2 - NE - SE - NE Sec. 19 Twp. 15 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
1800 feet from ☑ N / ☐ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Russell

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	9300	0	0	0	31
February	8700	0	0	0	29
March	9380	0	0	0	31
April	9079	0	0	0	30
May	9370	0	0	0	31
June	9080	0	0	0	30
July	9340	0	0	0	31
August	9340	0	0	0	31
September	9040	0	0	0	30
October	9340	0	0	0	31
November	9040	0	0	0	30
December	9340	0	0	0	31
TOTAL	110349		0		

Submitted Electronically