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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 # 32255
Name: Kansas Energy Company, L.L.C.
Address 1: PO BOX 68
Address 2:
City: SEDAN State: KS Zip: 67361 + 0068
Contact Person: P J Buck
Phone: (620) 725-3636
Lease Name: FLEISHER
Well Number: 7-2

API No.: 15-019-27479-00-01
Permit No: E34252.1
Reporting Year: 2025
(January 1 to December 31)

(Q/Q/Q/Q) - SW - NE - SW Sec. 7 Twp. 35 S. R. 10 ☑ E ☐ W
1510 feet from ☐ N / ☑ S Line of Section
3498 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: WAYSIDE SAND
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	620	150			31
February	580	150			28
March	620	150			31
April	600	150			30
May	620	150			31
June	600	150			30
July	620	150			31
August	620	150			31
September	600	150			30
October	620	150			31
November	600	150			30
December	620	150			31
TOTAL	7320		0		

Submitted Electronically