

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 L
Phone: (316) 284-1991
Lease Name: DEFOREST A
Well Number: 1

API No.: 15-115-21018-00-00
Permit No: E24042.1
Reporting Year: 2025
(January 1 to December 31)
____ - E2 - NE - SE Sec. 9 Twp. 22 S. R. 4 ☒ E ☐ W
(a/a/a/a)
1980 feet from ☐ N / ☒ S Line of Section
495 feet from ☒ E / ☐ W Line of Section
County: Marion

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: MISSISSIPPIAN CHAT
Maximum Authorized Injection Rate: 3000 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	<u>34035</u>				<u>31</u>
	February	<u>42361</u>				<u>28</u>
	March	<u>64131</u>				<u>30</u>
	April	<u>59079</u>				<u>30</u>
	May	<u>40791</u>				<u>31</u>
	June	<u>88194</u>				<u>30</u>
	July	<u>40999</u>				<u>31</u>
	August	<u>47882</u>				<u>31</u>
	September	<u>38479</u>				<u>30</u>
	October	<u>49220</u>				<u>31</u>
	November	<u>23917</u>				<u>30</u>
	December	<u>70078</u>				<u>31</u>
	TOTAL	<u>599166</u>		<u>0</u>		

Submitted Electronically