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 # 32731
Name: Lewis Oil & Gas of Galva, Inc.
Address 1: 1284 23RD AVENUE
Address 2:
City: GALVA State: KS Zip: 67443 + 8873
Contact Person: J B Montagne
Phone: ( 620 ) 654-6069
Lease Name: PITTS
Well Number: 1

API No.: 15-113-00188-00-01
Permit No: E21626.1
Reporting Year: 2025
*(January 1 to December 31)*

NW - NW - NW - NW Sec. 3 Twp. 19 S. R. 2 ☐ E ☑ W
*(Q/Q/Q/Q)*
5003 feet from ☐ N / ☑ S Line of Section
5102 feet from ☑ E / ☐ W Line of Section
County: McPherson

**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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1000 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 | 16671 | 0 | 0 | 0 | 31 |
| February | 14129 | 0 | 0 | 0 | 28 |
| March | 16688 | 0 | 0 | 0 | 31 |
| April | 15590 | 0 | 0 | 0 | 30 |
| May | 16682 | 0 | 0 | 0 | 31 |
| June | 15592 | 0 | 0 | 0 | 30 |
| July | 16684 | 0 | 0 | 0 | 31 |
| August | 16685 | 0 | 0 | 0 | 31 |
| September | 15598 | 0 | 0 | 0 | 30 |
| October | 16690 | 0 | 0 | 0 | 31 |
| November | 15601 | 0 | 0 | 0 | 30 |
| December | 16689 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 193299 | | 0 | | |

Submitted Electronically