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 # 35122
Name: Lakeshore Operating, LLC
Address 1: 23 1/2 E MADISON AVE
Address 2:
City: IOLA State: KS Zip: 66749 + 3329
Contact Person: Wesley Ketcham
Phone: (844) 557-4673
Lease Name: THORSELL
Well Number: I 2

API No.: 15-205-23709-00-01
Permit No: E27154.1
Reporting Year: 2019
(January 1 to December 31)

NW - SW - NW - SW Sec. 19 Twp. 27 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
1815 feet from ☐ N / ☑ S Line of Section
5115 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 600 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 75 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	300	200	0	0	15
July	620	200	0	0	31
August	620	200	0	0	31
September	600	200	0	0	30
October	620	200	0	0	31
November	600	200	0	0	30
December	200	200	0	0	10
TOTAL	3560		0		

Submitted Electronically