



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 # 31519
Name: Jackson, Leland dba Lone Jack Oil Co.
Address 1: 509 E WALNUT ST
Address 2: _____
City: BLUE MOUND State: KS Zip: 66010 + 9428
Contact Person: Leland Jackson
Phone: (913) 756-2307
Lease Name: John Whitcomb
Well Number: IJ-2

API No.: 15-003-25566-00-00
Permit No.: E30641.2
Reporting Year: 2015
(January 1 to December 31)
SE - NE - NW - NW Sec. 9 Twp. 23 S. R. 21 ☒ E ☐ W
(a/a/a/a)
4625 feet from ☐ N / ☒ S Line of Section
4011 feet from ☒ E / ☐ W Line of Section
County: Anderson

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: 450 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 20 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	<u>310</u>	<u>400</u>	<u>0</u>		<u>31</u>
	February	<u>280</u>	<u>400</u>	<u>0</u>		<u>28</u>
	March	<u>310</u>	<u>400</u>	<u>0</u>		<u>31</u>
	April	<u>300</u>	<u>400</u>	<u>0</u>		<u>30</u>
	May	<u>310</u>	<u>400</u>	<u>0</u>		<u>31</u>
	June	<u>300</u>	<u>400</u>	<u>0</u>		<u>30</u>
	July	<u>310</u>	<u>400</u>	<u>0</u>		<u>31</u>
	August	<u>310</u>	<u>400</u>	<u>0</u>		<u>31</u>
	September	<u>300</u>	<u>400</u>	<u>0</u>		<u>30</u>
	October	<u>310</u>	<u>400</u>	<u>0</u>		<u>31</u>
	November	<u>300</u>	<u>400</u>	<u>0</u>		<u>30</u>
	December	<u>310</u>	<u>400</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>3650</u>		<u>0</u>		

Submitted Electronically