



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 # 32834
Name: JTC Oil, Inc.
Address 1: 35790 PLUM CREEK RD
Address 2: _____
City: OSAWATOMIE State: KS Zip: 66064 + _____
Contact Person: TOM CAIN
Phone: (913) 755-2959
Lease Name: Cooper
Well Number: I-17

API No.: 15-121-30434-00-00
Permit No.: E32143.8
Reporting Year: 2015
(January 1 to December 31)
____ - NW - SE - SE Sec. 9 Twp. 17 S. R. 22 ☒ E ☐ W
(a/a/a/a)
990 feet from ☐ N / ☒ S Line of Section
990 feet from ☒ E / ☐ W Line of Section
County: Miami

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: 700 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 40 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 12 (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	<u>0</u>		<u>0</u>		
	February	<u>0</u>		<u>0</u>		
	March	<u>0</u>		<u>0</u>		
	April	<u>0</u>		<u>0</u>		
	May	<u>0</u>		<u>0</u>		
	June	<u>0</u>		<u>0</u>		
	July	<u>153</u>	<u>670</u>	<u>0</u>		<u>10</u>
	August	<u>628</u>	<u>580</u>	<u>0</u>		<u>31</u>
	September	<u>550</u>	<u>580</u>	<u>0</u>		<u>30</u>
	October	<u>599</u>	<u>580</u>	<u>0</u>		<u>31</u>
	November	<u>638</u>	<u>580</u>	<u>0</u>		<u>30</u>
	December	<u>725</u>	<u>700</u>	<u>0</u>		<u>31</u>
	TOTAL	<u>3293</u>		<u>0</u>		

Submitted Electronically