1298284

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 # 34402
Name: Garal, Donna and Vincent Innone Jr. dba VJI Natural Resources, Inc.
Address 1: 30-38 48 ST
Address 2:
City: ASTORIA State: NY Zip: 11103 + __ __ __ __
Contact Person: Jason Dinges
Phone: (785) 623-8060
Lease Name: TURNER
Well Number: 3

API No.: 15-185-21274-00-01
Permit No: E25495.1
Reporting Year: 2015
(January 1 to December 31)

____ - NW - NW - SE Sec. 4 Twp. 23 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
2340 feet from ☐ N / ☑ S Line of Section
2368 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 1000 psi Injection Zone: SIMPSON
Maximum Authorized Injection Rate: 500 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	1000	0	0		31
February	900	0	0		28
March	1050	0	0		31
April	1000	0	0		30
May	1050	0	0		31
June	1000	0	0		30
July	1050	0	0		31
August	1050	0	0		31
September	1000	0	0		30
October	1050	0	0		31
November	1000	0	0		30
December	1050	0	0		31
TOTAL	12200		0		

Submitted Electronically