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 # 34762
Name: James Production, Inc.
Address 1: 1334 GROUSE RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: Jim Vernon15
Phone: (620) 625-3536
Lease Name: VERNON FEE
Well Number: 4

API No.: 15-207-28496-00-00
Permit No: D31561.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - ____ - NE Sec. 6 Twp. 24 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
515 feet from ☑ N / ☐ S Line of Section
1875 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 200 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 3000 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	160	10	0		31
February	160	10	0		28
March	160	10	0		31
April	160	10	0		30
May	160	10	0		31
June	160	10	0		30
July	160	10	0		31
August	160	10	0		31
September	160	10	0		30
October	160	10	0		31
November	160	10	0		30
December	160	10	0		31
TOTAL	1920		0		

Submitted Electronically