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 # 33551
Name: S & K Oil Production, Inc.
Address 1: PO BOX 184
Address 2:
City: BLUE MOUND State: KS Zip: 66010 + 0184
Contact Person: Steve Jackson
Phone: (620) 363-2426
Lease Name: SWISHER
Well Number: I 2

API No.: 15-011-24532-00-00
Permit No: E30269.6
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - SE Sec. 18 Twp. 25 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
652 feet from ☐ N / ☑ S Line of Section
4299 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 440 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 25 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	310	200	0		31
February	280	200	0		28
March	310	200	0		31
April	300	200	0		30
May	310	200	0		31
June	300	200	0		30
July	310	200	0		31
August	310	200	0		31
September	300	200	0		30
October	310	200	0		31
November	300	200	0		30
December	310	200	0		31
TOTAL	3650		0		

Submitted Electronically