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 # 34088
Name: D. Jackson Rentals LLC
Address 1: 30211 207TH ST
Address 2:
City: EASTON State: KS Zip: 66020 + 7130
Contact Person: Donnie Jackson
Phone: (913) 680-1450
Lease Name: JACKSON
Well Number: 4

API No.: 15-103-21303-00-01
Permit No: E33002.1
Reporting Year: 2017
(January 1 to December 31)

SW - SE - NE - SW Sec. 27 Twp. 8 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1465 feet from ☐ N / ☑ S Line of Section
3039 feet from ☑ E / ☐ W Line of Section
County: Leavenworth

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: 300 psi Injection Zone: MCLOUTH
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	3100	30	0		31
February	2800	30	0		28
March	3100	30	0		31
April	3000	30	0		30
May	3100	30	0		31
June	3000	30	0		30
July	3100	30	0		31
August	3100	30	0		31
September	3000	30	0		30
October	3100	30	0		31
November	3000	30	0		30
December	3100	30	0		31
TOTAL	36500		0		

Submitted Electronically