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 # 34970
Name: JBM Oil, LLC
Address 1: 2 SW HILLSIDE RD
Address 2:
City: OTTAWA State: KS Zip: 66067 + __ __ __ __
Contact Person: Lesli Baker
Phone: ( 785 ) 241-1705
Lease Name: COONS
Well Number: W14

API No.: 15-059-23586-00-01
Permit No: E28621.8
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - SE - NW Sec. 32 Twp. 15 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
3448 feet from ☐ N / ☑ S Line of Section
3945 feet from ☑ E / ☐ W Line of Section
County: Franklin

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 40 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 | 620 | 500 | 0 | | 31 |
| February | 560 | 500 | 0 | | 28 |
| March | 620 | 500 | 0 | | 31 |
| April | 600 | 500 | 0 | | 30 |
| May | 620 | 500 | 0 | | 31 |
| June | 600 | 500 | 0 | | 30 |
| July | 620 | 500 | 0 | | 31 |
| August | 620 | 500 | 0 | | 31 |
| September | 600 | 500 | 0 | | 30 |
| October | 620 | 500 | 0 | | 31 |
| November | 600 | 500 | 0 | | 30 |
| December | 620 | 500 | 0 | | 31 |
| ***TOTAL*** | 7300 | | 0 | | |

Submitted Electronically