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 # 3288
Name: Jody Oil & Gas Corporation
Address 1: PO BOX 422
Address 2:
City: ATTICA State: KS Zip: 67009 + 0422
Contact Person: Derek Newberry
Phone: (620) 254-7251
Lease Name: SANDERS
Well Number: A3

API No.: 15-077-21007-00-00
Permit No: D23313.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SW - SW Sec. 20 Twp. 31 S. R. 8 ☐ E ☑ W
(Q/Q/Q/Q)
735 feet from ☐ N / ☑ S Line of Section
4790 feet from ☑ E / ☐ W Line of Section
County: Harper

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	43000	-25	0		31
February	40000	-25	0		28
March	43400	-25	0		31
April	42000	-25	0		30
May	43400	-25	0		31
June	42000	-25	0		30
July	45000	-25	0		31
August	45000	-25	0		31
September	43500	-25	0		30
October	45000	-25	0		31
November	43500	-25	0		30
December	44000	-25	0		31
TOTAL	519800		0		

Submitted Electronically