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 # 9131
Name: Jack W Sanders & Son, General Partnership
Address 1: 4420 UTAH RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8757
Contact Person: Jack Sanders
Phone: (913) 963-1232
Lease Name: SHELTON
Well Number: 1 (SWD)

API No.: 15-059-01352-00-00
Permit No: D19428.0
Reporting Year: 2017
(January 1 to December 31)

NW - NE - SE - SE Sec. 17 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1262 feet from ☐ N / ☑ S Line of Section
591 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: _____ 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: 300 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	535	0	0		31
February	520	0	0		28
March	560	0	0		31
April	545	0	0		30
May	550	0	0		31
June	530	0	0		30
July	540	0	0		31
August	555	0	0		31
September	550	0	0		30
October	565	0	0		31
November	560	0	0		30
December	570	0	0		31
TOTAL	6580		0		

Submitted Electronically