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 # 34243
Name: King, Charles dba CK Oil
Address 1: 409 E. WILSON
Address 2:
City: YATES CENTER State: KS Zip: 66783 + __ __ __ __
Contact Person: Charlie King
Phone: (620) 496-4694
Lease Name: NOEL JACKSON 2
Well Number: 2

API No.: 15-207-23949-00-03
Permit No: E31129.1
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - NE Sec. 24 Twp. 26 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
4209 feet from ☐ N / ☑ S Line of Section
171 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 500 psi Injection Zone: WEISER SAND
Maximum Authorized Injection Rate: 50 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	100	300	0		20
June	0		0		
July	100	300	0		15
August	0		0		
September	0		0		
October	0		0		
November	100	300	0		15
December	0		0		
TOTAL	300		0		

Submitted Electronically