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 # 34903
Name: Jaspar Co.
Address 1: PO BOX 1120
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: Shane Vehige
Phone: (785) 623-6982
Lease Name: PETTIJOHN OWWO
Well Number: 2

API No.: 15-163-22304-00-01
Permit No: D31706.0
Reporting Year: 2018
(January 1 to December 31)

____ - NW - NE - NW Sec. 30 Twp. 7 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
4938 feet from ☐ N / ☑ S Line of Section
3550 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: CEDAR HILLS
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	900	0	0		31
February	812	0	0		28
March	900	0	0		31
April	870	0	0		30
May	900	0	0		31
June	870	0	0		30
July	900	0	0		31
August	900	0	0		31
September	870	0	0		30
October	900	0	0		31
November	870	0	0		30
December	900	0	0		31
TOTAL	10592		0		

Submitted Electronically