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: VEHIGE
Well Number: 1

API No.: 15-163-22387-00-00
Permit No: D23315.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SW - SW Sec. 33 Twp. 6 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
350 feet from ☐ N / ☑ S Line of Section
5044 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: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 1500 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	17320	0	0		31
February	17400	0	0		28
March	16450	0	0		31
April	15980	0	0		30
May	16150	0	0		31
June	15300	0	0		30
July	15763	0	0		31
August	15170	0	0		31
September	15380	0	0		30
October	15170	0	0		31
November	14660	0	0		30
December	16050		0		31
TOTAL	190793		0		

Submitted Electronically