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 # 34172
Name: J. D. & M., Inc.
Address 1: 5130 CR 5600
Address 2:
City: CHERRYVALE State: KS Zip: 67335 + 8891
Contact Person: Dawn Matlock
Phone: (620) 205-9758
Lease Name: SACK
Well Number: 10

API No.: 15-125-21580-00-01
Permit No: E27385.1
Reporting Year: 2018
(January 1 to December 31)

___ - NE - SW - SE Sec. 24 Twp. 31 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
1022 feet from ☐ N / ☑ S Line of Section
1445 feet from ☑ E / ☐ W Line of Section
County: Montgomery

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: Bartlesville
Maximum Authorized Injection Rate: 20 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				5
February	0				5
March	0				5
April	0				5
May	0				5
June	5				5
July	0				5
August	0				5
September	0				5
October	5				5
November	0				5
December	0				5
TOTAL	10		0		

Submitted Electronically