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 # 33633
Name: Carter, Jim dba J Carter Oil
Address 1: PO BOX 491
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0491
Contact Person: Jim Carter
Phone: (785) 483-8057
Lease Name: DRISCOLL
Well Number: A-6

API No.: 15-167-21592-00-01
Permit No: D30419.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SW - SE Sec. 31 Twp. 14 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
416 feet from ☐ N / ☑ S Line of Section
1793 feet from ☑ E / ☐ W Line of Section
County: Russell

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: GRANIT WASH,ARBUCKLE LOWER
Maximum Authorized Injection Rate: 5000 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	55800	0	0		31
February	50400	0	0		28
March	55800	0	0		31
April	54000	0	0		30
May	55800	0	0		31
June	54000	0	0		30
July	55800	0	0		31
August	55800	0	0		31
September	54000	0	0		30
October	55800	0	0		31
November	54000	0	0		30
December	55800	0	0		31
TOTAL	657000		0		

Submitted Electronically