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 # 31685
Name: Spencer, Teddy dba T.J. Oil
Address 1: 120 N MAIN ST
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 1422
Contact Person: teddy spencer
Phone: (620) 625-2511
Lease Name: SMITH
Well Number: 1

API No.: 15-207-23433-00-01
Permit No: D23224.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NE - NW Sec. 33 Twp. 25 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
5058 feet from ☐ N / ☑ S Line of Section
3862 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: 350 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 55 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	620	0	0	0	31
February	560	0	0	0	28
March	620	0	0	0	31
April	600	0	0	0	30
May	620	0	0	0	31
June	600	0	0	0	30
July	620	0	0	0	31
August	620	0	0	0	31
September	600	0	0	0	30
October	620	0	0	0	31
November	600	0	0	0	30
December	620	0	0	0	31
TOTAL	7300		0		

Submitted Electronically