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 # 34970
Name: JBM Oil, LLC
Address 1: 2 SW HILLSIDE RD
Address 2:
City: OTTAWA State: KS Zip: 66067 + 9374
Contact Person: Lesli Baker
Phone: (785) 241-1705
Lease Name: COONS
Well Number: W14

API No.: 15-059-23586-00-01
Permit No: E28621.8
Reporting Year: 2019
(January 1 to December 31)

NW - SE - NW - ____ Sec. 32 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3448 feet from ☐ N / ☑ S Line of Section
3945 feet from ☑ E / ☐ W Line of Section
County: Franklin

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 650 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 40 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	600	500	0	0	31
February	540	500	0	0	28
March	610	500	0	0	31
April	584	500	0	0	30
May	613	500	0	0	31
June	570	500	0	0	30
July	605	500	0	0	31
August	580	500	0	0	31
September	610	500	0	0	30
October	615	500	0	0	31
November	570	500	0	0	30
December	605	500	0	0	31
TOTAL	7102		0		

Submitted Electronically