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: 6

API No.: 15-059-19491-00-00
Permit No: E28621.2
Reporting Year: 2019
(January 1 to December 31)

SW - SW - NW - ____ Sec. 32 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3263 feet from ☐ N / ☑ S Line of Section
4959 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	610	500	0	0	31
February	550	500	0	0	28
March	612	500	0	0	31
April	580	500	0	0	30
May	615	500	0	0	31
June	585	500	0	0	30
July	614	500	0	0	31
August	590	500	0	0	31
September	613	500	0	0	30
October	610	500	0	0	31
November	580	500	0	0	30
December	600	500	0	0	31
TOTAL	7159		0		

Submitted Electronically