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 # 33813
Name: Jason Oil Company, LLC
Address 1: 3718 183RD ST
Address 2: PO BOX 701
City: RUSSELL State: KS Zip: 67665 + 0701
Contact Person: SHELDON BENNETT
Phone: (785) 483-4204
Lease Name: STRACHAN A
Well Number: 1

API No.: 15-167-23413-00-00
Permit No: D28953.0
Reporting Year: 2019
(January 1 to December 31)

____ - E2 - W2 - NE Sec. 22 Twp. 14 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
3900 feet from ☐ N / ☑ S Line of Section
1620 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: ARBUCKLE
Maximum Authorized Injection Rate: 2500 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	13795	0	0	0	31
February	12460	0	0	0	28
March	13640	0	0	0	31
April	13200	0	0	0	30
May	13640	0	0	0	31
June	13200	0	0	0	30
July	13640	0	0	0	31
August	13640	0	0	0	31
September	13200	0	0	0	30
October	13950	0	0	0	31
November	13500	0	0	0	30
December	13950	0	0	0	31
TOTAL	161815		0		

Submitted Electronically