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 # 34402
Name: Garal, Donna and Vincent Innone Jr. dba VJI Natural Resources, Inc.
Address 1: 3038 48TH ST
Address 2:
City: ASTORIA State: NY Zip: 11103 + 1525
Contact Person: Jason Dinges
Phone: (718) 274-3134
Lease Name: HOLLEY
Well Number: 2E

API No.: 15-065-22892-00-01
Permit No: E28366.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SW - SW Sec. 30 Twp. 8 S. R. 24 ☐ E ☑ W
(Q/Q/Q/Q)
1117 feet from ☐ N / ☑ S Line of Section
4067 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 1000 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 1000 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	0				0
February	0				0
March	0				0
April	0				0
May	0				0
June	0				0
July	0				0
August	0				0
September	0				0
October	0				0
November	0				0
December	0				0
TOTAL	0		0		

Submitted Electronically