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 # 9267
Name: JRC Oil Co., Inc.
Address 1: PO BOX 426
Address 2:
City: GARNETT State: KS Zip: 66032 + 0426
Contact Person: Mike Colvin
Phone: ( 785 ) 448-8112
Lease Name: DANIEL
Well Number: DM-5

API No.: 15-003-24444-00-00
Permit No: E00852.135
Reporting Year: 2019
*(January 1 to December 31)*

____ - NE - SE - NW Sec. 4 Twp. 21 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
4612 feet from ☐ N / ☑ S Line of Section
3218 feet from ☑ E / ☐ W Line of Section
County: Anderson

**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: 750 psi Injection Zone: CATTLEMAN SAND
Maximum Authorized Injection Rate: 50 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 |
| February | | | | | 0 |
| March | | | | | 0 |
| April | | | | | 0 |
| May | | | | | 0 |
| June | | | | | 0 |
| July | | | | | 0 |
| August | | | | | 0 |
| September | | | | | 0 |
| October | | | | | 0 |
| November | | | | | 0 |
| December | | | | | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically