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 # 32247
Name: Crawford, Jeff dba Jeff's Oilwell Supervision
Address 1: 705 Baum ST
Address 2: PO BOX 245
City: NATOMA State: KS Zip: 67651 + 0245
Contact Person: Jeff Crawford
Phone: (785) 885-4570
Lease Name: CARMICHAEL
Well Number: B-4

API No.: 15-163-22241-00-01
Permit No: E23724.1
Reporting Year: 2019
(January 1 to December 31)

____ - E2 - NW - NW Sec. 15 Twp. 9 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
660 feet from ☑ N / ☐ S Line of Section
990 feet from ☐ E / ☑ W Line of Section
County: Rooks

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: 300 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 300 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	660	0	0		31
February	590	0	0		28
March	650	0	0		31
April	630	0	0		30
May	650	0	0		31
June	630	0	0		30
July	650	0	0		31
August	650	0	0		31
September	630	0	0		30
October	650	0	0		31
November	630	0	0		30
December	650	0	0		31
TOTAL	7670		0		

Submitted Electronically