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 # 6187
Name: Judson Enterprises, Inc.
Address 1: 427 COMMERCIAL ST
Address 2:
City: EMPORIA State: KS Zip: 66801 + 4012
Contact Person: Robert N. Symmonds
Phone: (620) 343-2764
Lease Name: SEELEY
Well Number: JS 1

API No.: 15-073-21645-00-00
Permit No: E24935.1
Reporting Year: 2019
(January 1 to December 31)

____ - SW - NE - SE Sec. 5 Twp. 23 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
1925 feet from ☐ N / ☑ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 400 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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	33066	380	0		31
February	34452	380	0		29
March	25022	380	0		24
April	33363	380	0		30
May	50589	380	0		31
June	33759	380	0		30
July	25350	380	0		24
August	34056	380	0		31
September	34452	380	0		30
October	25839	380	0		24
November	34452	380	0		30
December	17127	380	0		31
TOTAL	381527		0		

Submitted Electronically