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: SCHINDLER B
Well Number: 7

API No.: 15-163-20921-00-02
Permit No: E27482.1
Reporting Year: 2019
*(January 1 to December 31)*

____ - ____ - SE - SW Sec. 23 Twp. 8 S. R. 17 ☐ E ☑ W
*(Q/Q/Q/Q)*
602 feet from ☐ N / ☑ S Line of Section
3589 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: 500 psi Injection Zone: LANSING-KANSAS CITY
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 | 4960 | 0 | 0 | 0 | 31 |
| February | 4480 | 0 | 0 | 0 | 28 |
| March | 4960 | 0 | 0 | 0 | 31 |
| April | 4800 | 0 | 0 | 0 | 30 |
| May | 4960 | 0 | 0 | 0 | 31 |
| June | 4800 | 0 | 0 | 0 | 30 |
| July | 4960 | 0 | 0 | 0 | 31 |
| August | 4960 | 0 | 0 | 0 | 31 |
| September | 4800 | 0 | 0 | 0 | 30 |
| October | 4960 | 0 | 0 | 0 | 31 |
| November | 4800 | 0 | 0 | 0 | 30 |
| December | 4960 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 58400 | | 0 | | |

Submitted Electronically