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: HRABE
Well Number: 8-26

API No.: 15-163-21054-00-01
Permit No: E23839.1
Reporting Year: 2019
(January 1 to December 31)

SW - NE - NW - NW Sec. 26 Twp. 8 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4871 feet from ☐ N / ☑ S Line of Section
4535 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
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	4495	0	0	0	31
February	4060	0	0	0	28
March	4495	0	0	0	31
April	4350	0	0	0	30
May	4495	0	0	0	31
June	4350	0	0	0	30
July	4495	0	0	0	31
August	4495	0	0	0	31
September	4350	0	0	0	30
October	4495	0	0	0	31
November	4350	0	0	0	30
December	4495	0	0	0	31
TOTAL	52925		0		

Submitted Electronically