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 # 34611
Name: Justin Energy Corporation
Address 1: 40971 W 247TH ST.
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 4047
Contact Person: Lesli Baker
Phone: (785) 248-1237
Lease Name: SHIKLES
Well Number: 17

API No.: 15-107-24333-00-01
Permit No: E31666.4
Reporting Year: 2020
(January 1 to December 31)

NE - SE - SE - NE Sec. 25 Twp. 20 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
2983 feet from ☐ N / ☑ S Line of Section
115 feet from ☑ E / ☐ W Line of Section
County: Linn

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 400 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 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	920	350	0	0	31
February	820	350	0	0	29
March	922	350	0	0	31
April	870	350	0	0	30
May	923	350	0	0	31
June	890	350	0	0	30
July	921	350	0	0	31
August	922	350	0	0	31
September	892	350	0	0	30
October	923	350	0	0	31
November	891	350	0	0	30
December	920	350	0	0	31
TOTAL	10814		0		

Submitted Electronically