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 # 31063
Name: Kema Oil Company, Inc.
Address 1: PO BOX 31
Address 2:
City: LEBO State: KS Zip: 66856 + 0031
Contact Person: Darla Lang
Phone: (913) 962-1019
Lease Name: JONES
Well Number: 4

API No.: 15-031-20685-00-00
Permit No: E19285.1
Reporting Year: 2020
(January 1 to December 31)

____ - SE - NW - NW Sec. 6 Twp. 19 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
4365 feet from ☐ N / ☑ S Line of Section
4202 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: BARTLESVILLE
Maximum Authorized Injection Rate: 1000 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	10600	500	0	0	31
February	9575	500	0	0	29
March	10600	500	0	0	31
April	10260	500	0	0	30
May	10602	500	0	0	31
June	10260	500	0	0	30
July	10602	500	0	0	31
August	10602	500	0	0	31
September	10260	500	0	0	30
October	10602	500	0	0	31
November	10260	500	0	0	30
December	10602	500	0	0	31
TOTAL	124825		0		

Submitted Electronically