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 # 30116
Name: Jones Oil, LLC
Address 1: 112 N GRAY St
Address 2:
City: ST JOHN State: KS Zip: 67576 + 1923
Contact Person: Steve Jones
Phone: (620) 546-3856
Lease Name: CLINE ESTATE
Well Number: 2

API No.: 15-185-20858-00-01
Permit No: E20515.1
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SW - SE Sec. 25 Twp. 24 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
345 feet from ☐ N / ☑ S Line of Section
2369 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: 1300 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 400 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	9350	50			31
February	8705	50			29
March	9200	50			31
April	9000	50			30
May	9355	50			31
June	9230	50			30
July	8700	50			31
August	9000	50			31
September	8710	50			30
October	8940	50			31
November	9150	50			30
December	9200	50			31
TOTAL	108540		0		

Submitted Electronically