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: KRILEY OWWO
Well Number: 1

API No.: 15-163-20515-00-02
Permit No: D32297.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - SE - SW Sec. 6 Twp. 8 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
330 feet from ☐ N / ☑ S Line of Section
1650 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	0				0
February	0				0
March	0				0
April	0				0
May	0				0
June	0				0
July	0				0
August	0				0
September	5264				28
October	5828				31
November	5640				30
December	2632				14
TOTAL	19364		0		

Submitted Electronically