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: JOHNSON (SWD)
Well Number: 1

API No.: 15-051-23829-00-00
Permit No: D23186.0
Reporting Year: 2020
(January 1 to December 31)

NW - NW - SW - NE Sec. 36 Twp. 11 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
3798 feet from ☐ N / ☑ S Line of Section
2462 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	0				0
October	0				0
November	0				0
December	0				0
TOTAL	0		0		

Submitted Electronically