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 # 33813
Name: Jason Oil Company, LLC
Address 1: 3718 183RD ST
Address 2: PO BOX 701
City: RUSSELL State: KS Zip: 67665 + 0701
Contact Person: SHELDON BENNETT
Phone: (785) 3242574
Lease Name: SCHOEPF
Well Number: 10-23

API No.: 15-135-21577-00-03
Permit No: D28305.0
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - NW - SE Sec. 23 Twp. 16 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
2014 feet from ☐ N / ☑ S Line of Section
1972 feet from ☑ E / ☐ W Line of Section
County: Ness

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: 300 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 2000 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	15500	0	0	0	31
February	14500	0	0	0	29
March	17608	0	0	0	31
April	16260	0	0	0	30
May	16808	0	0	0	31
June	16206	0	0	0	30
July	16806	0	0	0	31
August	16806	0	0	0	31
September	16206	0	0	0	30
October	16806	0	0	0	31
November	16206	0	0	0	30
December	16806	0	0	0	31
TOTAL	196518		0		

Submitted Electronically