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 # 33514
Name: Jo-Allyn Oil Co., Inc.
Address 1: PO BOX 446
Address 2:
City: LAVERNE State: OK Zip: 73848 + 0446
Contact Person: KRISTEN CARMAN
Phone: (580) 921-3366
Lease Name: SUTTON
Well Number: 1

API No.: 15-135-20556-00-02
Permit No: D19430.0
Reporting Year: 2020
(January 1 to December 31)

____ - ____ - NE - NE Sec. 33 Twp. 16 S. R. 25 ☐ E ☑ W
(Q/Q/Q/Q)
4668 feet from ☐ N / ☑ S Line of Section
731 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: 0 psi Injection Zone: TOPEKA
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	6572	0	0		31
February	5880	0	0		28
March	6510	0	0		31
April	6300	0	0		30
May	6510	0	0		31
June	6300	0	0		30
July	6510	0	0		31
August	6510	0	0		31
September	6300	0	0		30
October	6510	0	0		31
November	6150	0	0		30
December	6355	0	0		31
TOTAL	76407		0		

Submitted Electronically