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 # 35797
Name: Jones Pumping Service, LLC
Address 1: 2113 HEREFORD RD
Address 2:
City: YATES CENTER State: Kansas Zip: 66783 + __ __ __ __
Contact Person: KIRK JONES
Phone: (620) 794-3667
Lease Name: JONES
Well Number: 1SWD

API No.: 15-207-29216-00-00
Permit No: D33035.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NE - NW Sec. 36 Twp. 23 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
5127 feet from ☐ N / ☑ S Line of Section
2869 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 200 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	3100				31
February	2800				28
March	1200				12
April	0				
May	0				
June	0				
July	0				
August	0				
September	0				
October	0				
November	3300				30
December	3410				31
TOTAL	13810		0		

Submitted Electronically