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 # 32834
Name: JTC Oil, Inc.
Address 1: 35790 PLUM CREEK RD
Address 2:
City: OSAWATOMIE State: KS Zip: 66064 + 4217
Contact Person: Tom Cain
Phone: ( 913 ) 208-7914
Lease Name: HINES
Well Number: 13

API No.: 15-121-26023-00-00
Permit No: E22157.7
Reporting Year: 2021
*(January 1 to December 31)*

____ - NW - NE - NW Sec. 29 Twp. 17 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
4667 feet from ☐ N / ☑ S Line of Section
3813 feet from ☑ E / ☐ W Line of Section
County: Miami

**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: 450 psi Injection Zone: WAYSIDE SAND
Maximum Authorized Injection Rate: 200 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 | | | | |
| February | 0 | | | | |
| March | 0 | | | | |
| April | 0 | | | | |
| May | 0 | | | | |
| June | 0 | | | | |
| July | 0 | | | | |
| August | 0 | | | | |
| September | 0 | | | | |
| October | 0 | | | | |
| November | 0 | | | | |
| December | 0 | | | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically