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 # 34903
Name: Jaspar Co.
Address 1: PO BOX 1120
Address 2:
City: HAYS State: KS Zip: 67601 + 1120
Contact Person: Shane Vehige
Phone: (785) 623-6982
Lease Name: PETTIJOHN OWWO
Well Number: 2

API No.: 15-163-22304-00-01
Permit No: D31706.0
Reporting Year: 2021
(January 1 to December 31)

____ - NW - NE - NW Sec. 30 Twp. 7 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
4938 feet from ☐ N / ☑ S Line of Section
3550 feet from ☑ E / ☐ W Line of Section
County: Rooks

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	868				31
February	784				28
March	868				31
April	840				30
May	868				31
June	810				30
July	837				31
August	837				31
September	810				30
October	837				31
November	810				30
December	837				31
TOTAL	10006		0		

Submitted Electronically