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: ATKISSON
Well Number: 1

API No.: 15-065-22987-00-01
Permit No: D28487.0
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SE - NE Sec. 25 Twp. 7 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
3365 feet from ☐ N / ☑ S Line of Section
1188 feet from ☑ E / ☐ W Line of Section
County: Graham

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: 1000 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	5756				31
February	4088				28
March	5096				31
April	4840				30
May	3396				31
June	3340				30
July	3382				31
August	3376				31
September	3200				30
October	3286				31
November	3245				30
December	3371				31
TOTAL	46376		0		

Submitted Electronically