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: GREEN D
Well Number: 2

API No.: 15-163-23960-00-00
Permit No: D30943.0
Reporting Year: 2021
(January 1 to December 31)

___ - SE - SE - SW Sec. 22 Twp. 8 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
341 feet from ☐ N / ☑ S Line of Section
3005 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: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	22072				31
February	17256				28
March	22072				31
April	21360				30
May	22072				31
June	21360				30
July	22064				31
August	22072				31
September	21360				30
October	22068				31
November	21347				30
December	22051				31
TOTAL	257154		0		

Submitted Electronically