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 # 35894
Name: Jackson, Samuel E and Charity M dba Samuel Jackson Production Co
Address 1: 351 210TH ST
Address 2:
City: GARLAND State: KS Zip: 66741 + 5126
Contact Person: Samuel Jackson
Phone: (620) 224-8254
Lease Name: LONG (SCOTT)
Well Number: IH-6

API No.: 15-107-23327-00-00
Permit No: E00720.2
Reporting Year: 2021
(January 1 to December 31)

____ - NE - SW - SW Sec. 35 Twp. 19 S. R. 23 ☑ E ☐ W
(Q/Q/Q/Q)
1129 feet from ☐ N / ☑ S Line of Section
4240 feet from ☑ E / ☐ W Line of Section
County: Linn

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: 250 psi Injection Zone: Peru
Maximum Authorized Injection Rate: 100 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	775	250	0	0	31
February	700	250	0	0	28
March	775	250	0	0	31
April	750	250	0	0	30
May	775	250	0	0	31
June	750	250	0	0	30
July	775	250	0	0	31
August	775	250	0	0	31
September	750	250	0	0	30
October	775	250	0	0	31
November	750	250	0	0	30
December	775	250	0	0	31
TOTAL	9125		0		

Submitted Electronically