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 # 33633
Name: Carter, Jim dba J Carter Oil
Address 1: PO BOX 491
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0491
Contact Person: jim carter
Phone: (785) 483-8057
Lease Name: DRISCOLL
Well Number: A-6

API No.: 15-167-21592-00-01
Permit No: D30419.0
Reporting Year: 2021
(January 1 to December 31)

____ - SE - SW - SE Sec. 31 Twp. 14 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
416 feet from ☐ N / ☑ S Line of Section
1793 feet from ☑ E / ☐ W Line of Section
County: Russell

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,GRANIT WASH
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	27900				31
February	25200				28
March	27900				31
April	27000				30
May	27900				31
June	27000				30
July	27900				31
August	27900				31
September	27000				30
October	27900				31
November	27000				30
December	27900				31
TOTAL	328500		0		

Submitted Electronically