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 # 34611
Name: Justin Energy Corporation
Address 1: 40971 W 247TH ST.
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 4047
Contact Person: Lesli Baker
Phone: ( 785 ) 248-1237
Lease Name: JEWEL J. SHIKELS
Well Number: I-16

API No.: 15-107-24821-00-00
Permit No: E31666.12
Reporting Year: 2021
*(January 1 to December 31)*

____ - NW - NE - NE Sec. 25 Twp. 20 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
4733 feet from ☐ N / ☑ S Line of Section
684 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: N/A mg/l Specific Gravity: N/A Additives: N/A
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 400 psi Injection Zone: Squirrel
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 | 150 | 350 | 0 | 0 | 31 |
| February | 140 | 350 | 0 | 0 | 28 |
| March | 145 | 350 | 0 | 0 | 31 |
| April | 140 | 350 | 0 | 0 | 30 |
| May | 155 | 350 | 0 | 0 | 31 |
| June | 145 | 350 | 0 | 0 | 30 |
| July | 150 | 350 | 0 | 0 | 31 |
| August | 155 | 350 | 0 | 0 | 31 |
| September | 145 | 350 | 0 | 0 | 30 |
| October | 130 | 350 | 0 | 0 | 31 |
| November | 130 | 350 | 0 | 0 | 30 |
| December | 130 | 350 | 0 | 0 | 31 |
| ***TOTAL*** | 1715 | | 0 | | |

Submitted Electronically