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-9

API No.: 15-107-24819-00-00
Permit No: E31666.5
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SE - NE Sec. 25 Twp. 20 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3636 feet from ☐ N / ☑ S Line of Section
1212 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	140	350	0	0	31
February	130	350	0	0	28
March	154	350	0	0	31
April	145	350	0	0	30
May	155	350	0	0	31
June	140	350	0	0	30
July	145	350	0	0	31
August	155	350	0	0	31
September	145	350	0	0	30
October	150	350	0	0	31
November	135	350	0	0	30
December	130	350	0	0	31
TOTAL	1724		0		

Submitted Electronically