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 # 34303
Name: Jordan Oil Management Inc.
Address 1: PO Box 642
Address 2:
City: Wellington State: KS Zip: 67152 + __ __ __ __
Contact Person: jason
Phone: (620) 440-0170
Lease Name: BRAUNGARDT
Well Number: 1-A

API No.: 15-035-24257-00-01
Permit No: D32111.0
Reporting Year: 2021
(January 1 to December 31)

____ - ____ - NE - SE Sec. 5 Twp. 30 S. R. 5 ☑ E ☐ W
(Q/Q/Q/Q)
1980 feet from ☐ N / ☑ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Cowley

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: 500 psi Injection Zone: STALNAKER
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	300	0	0	0	2
February	450	0	0	0	4
March	0	0	0	0	0
April	0	0	0	0	0
May	320	0	0	0	2
June	450	0	0	0	3
July	160	0	0	0	1
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	640	0	0	0	5
TOTAL	2320		0		

Submitted Electronically