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 # 31504
Name: Strube, Kurt J. dba K.J.S. Oil
Address 1: 600 7th Street
Address 2:
City: Claflin State: KS Zip: 66061 + 8912
Contact Person: Kurt Strube
Phone: (620) 793-2046
Lease Name: LENA
Well Number: 3

API No.: 15-009-23576-00-00
Permit No: D23432.0
Reporting Year: 2021
(January 1 to December 31)

____ - SW - SW - NE Sec. 27 Twp. 16 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
3101 feet from ☐ N / ☑ S Line of Section
2335 feet from ☑ E / ☐ W Line of Section
County: Barton

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 65000 mg/l Specific Gravity: ____ Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1750 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	2238	0	0	0	31
February	1644	0	0	0	28
March	1740	0	0	0	31
April	1980	0	0	0	30
May	1740	0	0	0	31
June	2380	0	0	0	30
July	1358	0	0	0	31
August	1758	0	0	0	31
September	1417	0	0	0	30
October	1658	0	0	0	31
November	2607	0	0	0	30
December	1438	0	0	0	31
TOTAL	21958		0		

Submitted Electronically