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 # 35069
Name: Kansas City Oil, LLC
Address 1: P.O. BOX 14292
Address 2:
City: PARKVILLE State: MO Zip: 64152 + 7292
Contact Person: James Fisher
Phone: ( 785 ) 766-0288
Lease Name: KU
Well Number: 18

API No.: 15-121-30453-00-00
Permit No: E32011.5
Reporting Year: 2021
*(January 1 to December 31)*

____ - NW - SW - SW Sec. 23 Twp. 18 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
686 feet from ☐ N / ☑ S Line of Section
4668 feet from ☑ E / ☐ W Line of Section
County: Miami

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: none mg/l Specific Gravity: 28 Additives: none
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 330 psi Injection Zone: peru
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 | 14 | 100 | 0 | 0 | 31 |
| February | 14 | 100 | 0 | 0 | 28 |
| March | 14 | 100 | 0 | 0 | 31 |
| April | 14 | 100 | 0 | 0 | 30 |
| May | 14 | 100 | 0 | 0 | 31 |
| June | 14 | 100 | 0 | 0 | 30 |
| July | 14 | 100 | 0 | 0 | 31 |
| August | 14 | 100 | 0 | 0 | 31 |
| September | 14 | 100 | 0 | 0 | 30 |
| October | 14 | 100 | 0 | 0 | 31 |
| November | 14 | 100 | 0 | 0 | 30 |
| December | 14 | 100 | 0 | 0 | 31 |
| ***TOTAL*** | 168 | | 0 | | |

Submitted Electronically