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 # 9131
Name: Jack W Sanders & Son, General Partnership
Address 1: 4420 UTAH RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8817
Contact Person: Jack Sanders
Phone: ( 913 ) 963-1232
Lease Name: SHELTON
Well Number: 1 (SWD)

API No.: 15-059-01352-00-00
Permit No: D19428.0
Reporting Year: 2021
*(January 1 to December 31)*

NW - NE - SE - SE Sec. 17 Twp. 16 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
1262 feet from ☐ N / ☑ S Line of Section
591 feet from ☑ E / ☐ W Line of Section
County: Franklin

**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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 300 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 | 515 | 0 | 0 | | 31 |
| February | 490 | 0 | 0 | | 28 |
| March | 510 | 0 | 0 | | 31 |
| April | 500 | 0 | 0 | | 30 |
| May | 495 | 0 | 0 | | 31 |
| June | 505 | 0 | 0 | | 30 |
| July | 510 | 0 | 0 | | 31 |
| August | 500 | 0 | 0 | | 31 |
| September | 505 | 0 | 0 | | 30 |
| October | 510 | 0 | 0 | | 31 |
| November | 500 | 0 | 0 | | 30 |
| December | 490 | 0 | 0 | | 31 |
| ***TOTAL*** | 6030 | | 0 | | |

Submitted Electronically