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 # 31519
Name: Jackson, Leland dba Lone Jack Oil Co.
Address 1: 302 S 6TH ST
Address 2:
City: BLUE MOUND State: KS Zip: 66010 + 4501
Contact Person: Leland Jackson
Phone: (620) 363-0492
Lease Name: MARGRAVE
Well Number: I-1

API No.: 15-011-24565-00-00
Permit No: E33054.1
Reporting Year: 2022
(January 1 to December 31)

____ - NW - NW - NW Sec. 1 Twp. 24 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4926 feet from ☐ N / ☑ S Line of Section
4974 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: BARTLESVILLE
Maximum Authorized Injection Rate: 50 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	0	0			0
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically