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 # 33514
Name: Jo-Allyn Oil Co., Inc.
Address 1: PO BOX 446
Address 2:
City: LAVERNE State: OK Zip: 73848 + 0446
Contact Person: KRISTEN CARMAN
Phone: ( 580 ) 921-3366
Lease Name: SUTTON
Well Number: 1

API No.: 15-135-20556-00-02
Permit No: D19430.0
Reporting Year: 2022
*(January 1 to December 31)*

____ - ____ - NE - NE Sec. 33 Twp. 16 S. R. 25 ☐ E ☑ W
*(Q/Q/Q/Q)*
4668 feet from ☐ N / ☑ S Line of Section
731 feet from ☑ E / ☐ W Line of Section
County: Ness

**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: TOPEKA
Maximum Authorized Injection Rate: 500 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 | 6789 | 0 | 0 | | 31 |
| February | 6132 | 0 | 0 | | 28 |
| March | 6169 | 0 | 0 | | 31 |
| April | 5970 | 0 | 0 | | 30 |
| May | 6169 | 0 | 0 | | 31 |
| June | 5970 | 0 | 0 | | 30 |
| July | 6107 | 0 | 0 | | 31 |
| August | 6107 | 0 | 0 | | 31 |
| September | 5880 | 0 | 0 | | 30 |
| October | 6107 | 0 | 0 | | 31 |
| November | 5880 | 0 | 0 | | 30 |
| December | 5859 | 0 | 0 | | 31 |
| ***TOTAL*** | 73139 | | 0 | | |

Submitted Electronically