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 # 35757
Name: Jackson, Joshua and ReaCreisha
Address 1: 2451 HWY 7
Address 2:
City: MAPLETON State: KS Zip: 66754 + 9443
Contact Person: Joshua Jackson
Phone: (620) 224-7073
Lease Name: THOMPSON
Well Number: KT 15

API No.: 15-011-20831-00-01
Permit No: D21842.0
Reporting Year: 2022
(January 1 to December 31)

____ - NW - NE - NE Sec. 26 Twp. 24 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
5028 feet from ☐ N / ☑ S Line of Section
1090 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: 3000 mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 100 psi Injection Zone: Mississippi
Maximum Authorized Injection Rate: 150 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	10	100	0	0	31
February	10	100	0	0	28
March	10	100	0	0	31
April	10	100	0	0	30
May	10	100	0	0	31
June	10	100	0	0	30
July	10	100	0	0	31
August	10	100	0	0	31
September	10	100	0	0	30
October	10	100	0	0	31
November	10	100	0	0	30
December	10	100	0	0	31
TOTAL	120		0		

Submitted Electronically