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 # 34975
Name: StrataKan Exploration, LLC
Address 1: 100 S MAIN ST
Address 2:
City: PLAINVILLE State: KS Zip: 67663 + 2234
Contact Person: Justin Prater
Phone: ( 785 ) 688-4241
Lease Name: JELLISON
Well Number: 2-5

API No.: 15-033-20356-00-01
Permit No: D20175.0
Reporting Year: 2022
*(January 1 to December 31)*

____ - ____ - ____ - NE Sec. 5 Twp. 33 S. R. 19 ☐ E ☑ W
*(Q/Q/Q/Q)*
4635 feet from ☐ N / ☑ S Line of Section
648 feet from ☑ E / ☐ W Line of Section
County: Comanche

**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: 900 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 750 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 | | | | |
| February | 0 | | | | |
| March | 0 | | | | |
| April | 0 | | | | |
| May | 0 | | | | |
| June | 0 | | | | |
| July | 0 | | | | |
| August | 0 | | | | |
| September | 0 | | | | |
| October | 0 | | | | |
| November | 0 | | | | |
| December | 0 | | | | |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically