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 # 4339
Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.
Address 1: 2449 US HIGHWAY 7
Address 2:
City: MAPLETON State: KS Zip: 66754 + 9443
Contact Person: Dale Jackson
Phone: (620) 363-2696
Lease Name: FEAGINS WEST
Well Number: AM-14

API No.: 15-011-20448-00-00
Permit No: E17434.12
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NE - NW Sec. 6 Twp. 24 S. R. 24 ☑ E ☐ W
(Q/Q/Q/Q)
4546 feet from ☐ N / ☑ S Line of Section
3103 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: 10000 mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 100 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 360 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	500	100	0	0	31
February	500	100	0	0	28
March	500	100	0	0	31
April	500	100	0	0	30
May	500	100	0	0	31
June	500	100	0	0	30
July	500	100	0	0	31
August	500	100	0	0	31
September	500	100	0	0	30
October	500	100	0	0	31
November	500	100	0	0	30
December	500	100	0	0	31
TOTAL	6000		0		

Submitted Electronically