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 # 3288
Name: Jody Oil & Gas Corporation
Address 1: PO BOX 422
Address 2:
City: ATTICA State: KS Zip: 67009 + 0422
Contact Person: Derek Newberry
Phone: (620) 254-7251
Lease Name: SANDERS
Well Number: A3

API No.: 15-077-21007-00-00
Permit No: D23313.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - SW - SW Sec. 20 Twp. 31 S. R. 8 ☐ E ☑ W
(Q/Q/Q/Q)
735 feet from ☐ N / ☑ S Line of Section
4790 feet from ☑ E / ☐ W Line of Section
County: Harper

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	50000				31
February	48000				28
March	47000				31
April	45000				30
May	40000				31
June	39000				30
July	39000				31
August	38000				31
September	36000				30
October	37000				31
November	36000				30
December	37000				31
TOTAL	492000		0		

Submitted Electronically