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 # 30116
Name: Jones Oil, LLC
Address 1: 112 N GRAY St
Address 2:
City: ST JOHN State: KS Zip: 67576 + 1923
Contact Person: Steve J JONES
Phone: ( 620 ) 546-3856
Lease Name: SPENCE
Well Number: 5

API No.: 15-145-00874-00-01
Permit No: E10116.2
Reporting Year: 2023
*(January 1 to December 31)*

____ - SE - NW - NE Sec. 18 Twp. 23 S. R. 17 ☐ E ☑ W
*(Q/Q/Q/Q)*
4003 feet from ☐ N / ☑ S Line of Section
1456 feet from ☑ E / ☐ W Line of Section
County: Pawnee

**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: 1750 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 800 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 | 4588 | 0 | | | 31 |
| February | 4200 | 0 | | | 28 |
| March | 4650 | 0 | | | 31 |
| April | 4500 | 0 | | | 30 |
| May | 4588 | 0 | | | 31 |
| June | 4440 | 0 | | | 30 |
| July | 4588 | 0 | | | 31 |
| August | 4588 | 0 | | | 31 |
| September | 4357 | 0 | | | 30 |
| October | 4619 | 0 | | | 31 |
| November | 4440 | 0 | | | 30 |
| December | 4588 | 0 | | | 31 |
| ***TOTAL*** | 54146 | | 0 | | |

Submitted Electronically