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 # 31085
Name: Paul's Oilfield Service
Address 1: PO BOX 1773
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 1773
Contact Person: Tim Schreiber
Phone: (620) 234-6023
Lease Name: JAMES TRUST
Well Number: 2-A

API No.: 15-145-21543-00-00
Permit No: D28849.0
Reporting Year: 2023
(January 1 to December 31)

____ - NE - SE - NE Sec. 21 Twp. 23 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
3478 feet from ☐ N / ☑ S Line of Section
338 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1500 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	240	0	0		31
February	540	0	0		28
March	402	0	0		31
April	240	0	0		30
May	378	0	0		31
June	300	0	0		30
July	540	0	0		31
August	360	0	0		31
September	260	0	0		30
October	660	0	0		31
November	400	0	0		30
December	825	0	0		31
TOTAL	5145		0		

Submitted Electronically