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 # 31751
Name: J-V Oil, LLC
Address 1: 1010 35th Parkway
Address 2:
City: CHANUTE State: KS Zip: 66720 + 0151
Contact Person: John Galemore
Phone: ( 918 ) 629-1776
Lease Name: CARLSON
Well Number: D-6

API No.: 15-205-19413-00-01
Permit No: E24004.7
Reporting Year: 2023
*(January 1 to December 31)*

____ - SE - SE - SW Sec. 25 Twp. 27 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
527 feet from ☐ N / ☑ S Line of Section
3127 feet from ☑ E / ☐ W Line of Section
County: Wilson

**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: 675 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 200 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 | 0 | 0 | 0 | 0 |
| February | 0 | 0 | 0 | 0 | 0 |
| March | 0 | 0 | 0 | 0 | 0 |
| April | 0 | 0 | 0 | 0 | 0 |
| May | 0 | 0 | 0 | 0 | 0 |
| June | 0 | 0 | 0 | 0 | 0 |
| July | 0 | 0 | 0 | 0 | 0 |
| August | 0 | 0 | 0 | 0 | 0 |
| September | 0 | 0 | 0 | 0 | 0 |
| October | 0 | 0 | 0 | 0 | 0 |
| November | 0 | 0 | 0 | 0 | 0 |
| December | 0 | 0 | 0 | 0 | 0 |
| ***TOTAL*** | 0 | | 0 | | |

Submitted Electronically