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 # 34088
Name: D. Jackson Rentals LLC
Address 1: 30211 207TH ST
Address 2:
City: EASTON State: KS Zip: 66020 + 7130
Contact Person: Ronda Jackson
Phone: (913) 680-1450
Lease Name: JACKSON
Well Number: 4

API No.: 15-103-21303-00-01
Permit No: E33002.1
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NE - SW Sec. 27 Twp. 8 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1455 feet from ☐ N / ☑ S Line of Section
2977 feet from ☑ E / ☐ W Line of Section
County: Leavenworth

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: 300 psi Injection Zone: MCLOUTH SAND
Maximum Authorized Injection Rate: 500 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	3100	30			31
February	2800	30			28
March	3100	30			31
April	3000	30			30
May	3100	30			31
June	3000	30			30
July	3100	30			31
August	3100	30			31
September	3000	30			30
October	3100	30			31
November	3000	30			30
December	3100	30			31
TOTAL	36500		0		

Submitted Electronically