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 # 5697
Name: Jackson Brothers, L.L.C.
Address 1: 116 E 3RD ST
Address 2:
City: EUREKA State: KS Zip: 67045 + 1747
Contact Person: Roscoe G. Jackson II
Phone: (620) 583-5122
Lease Name: G.K. JACKSON HEIRS
Well Number: 12 W

API No.: 15-073-30233-00-01
Permit No: D19710.0
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - NW - NW Sec. 23 Twp. 25 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
4950 feet from ☑ E / ☐ W Line of Section
County: Greenwood

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☑ Treated Brine ☐ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 100000 mg/l Specific Gravity: 1.0 Additives: Trichem Scale Inhibitor SI-104
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: DOUGLAS
Maximum Authorized Injection Rate: 150 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	110	0	0	0	6
May	1080	0	0	0	25
June	1700	0	0	0	29
July	1570	0	0	0	28
August	810	0	0	0	16
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	5270		0		

Submitted Electronically