KOLAR Document ID: 1809484

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 # 34903
Name: Jaspar Co.
Address 1: PO BOX 1120
Address 2:
City: HAYS State: KS Zip: 67601 + 1120
Contact Person: Shane Vehige
Phone: (785) 623-6982
Lease Name: VEHIGE
Well Number: 1

API No.: 15-163-22387-00-00
Permit No: D23315.0
Reporting Year: 2024
(January 1 to December 31)

____ - SW - SW - SW Sec. 33 Twp. 6 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
350 feet from ☐ N / ☑ S Line of Section
5044 feet from ☑ E / ☐ W Line of Section
County: Rooks

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,GRANIT WASH
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	15376				31
February	14442				29
March	15655				31
April	15180				30
May	15779				31
June	15255				30
July	15795				31
August	16112				31
September	15605				30
October	16120				31
November	15570				30
December	16089				31
TOTAL	186978		0		

Submitted Electronically