

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: PETTIJOHN OWWO
Well Number: 2

API No.: 15-163-22304-00-01
Permit No.: D31706.0
Reporting Year: 2024
(January 1 to December 31)
____ - NW - NE - NW Sec. 30 Twp. 7 S. R. 19 ☐ E ☒ W
(a/a/a/a)
4938 feet from ☐ N / ☒ S Line of Section
3550 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: CEDAR HILLS
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	<u>743</u>	_____	_____	_____	<u>31</u>
	February	<u>667</u>	_____	_____	_____	<u>29</u>
	March	<u>744</u>	_____	_____	_____	<u>31</u>
	April	<u>720</u>	_____	_____	_____	<u>30</u>
	May	<u>744</u>	_____	_____	_____	<u>31</u>
	June	<u>720</u>	_____	_____	_____	<u>30</u>
	July	<u>744</u>	_____	_____	_____	<u>31</u>
	August	<u>744</u>	_____	_____	_____	<u>31</u>
	September	<u>720</u>	_____	_____	_____	<u>30</u>
	October	<u>744</u>	_____	_____	_____	<u>31</u>
	November	<u>720</u>	_____	_____	_____	<u>30</u>
	December	<u>744</u>	_____	_____	_____	<u>31</u>
	TOTAL	<u>8754</u>	_____	<u>0</u>	_____	_____

Submitted Electronically