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 # 34915
Name: Jackson, Jeremiah and Sarah dba J&S Jackson Oil
Address 1: 1703 HWY 31
Address 2:
City: FULTON State: KS Zip: 66738 + 8104
Contact Person: sue jackson
Phone: (620) 363-2180
Lease Name: JEWEL J. SHIKELS
Well Number: I-9

API No.: 15-107-24819-00-00
Permit No: E31666.5
Reporting Year: 2024
(January 1 to December 31)

____ - NW - SE - NE Sec. 25 Twp. 20 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3636 feet from ☐ N / ☑ S Line of Section
1212 feet from ☑ E / ☐ W Line of Section
County: Linn

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 400 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 100 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	181	300	0	0	31
February	183	300	0	0	29
March	181	300	0	0	31
April	183	300	0	0	30
May	181	300	0	0	31
June	183	300	0	0	30
July	181	300	0	0	31
August	183	300	0	0	31
September	181	300	0	0	30
October	183	300	0	0	31
November	181	300	0	0	30
December	183	300	0	0	31
TOTAL	2184		0		

Submitted Electronically