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 # 35771
Name: Jackson, Levi
Address 1: 330 OAK STREET
Address 2:
City: MOUND CITY State: KS Zip: 66056 + 6227
Contact Person: Levi Jackson
Phone: (620) 224-8261
Lease Name: HOLLINGER
Well Number: I-4

API No.: 15-121-25550-00-01
Permit No: E23482.4
Reporting Year: 2024
(January 1 to December 31)

____ - NW - NE - SW Sec. 31 Twp. 16 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2053 feet from ☐ N / ☑ S Line of Section
3233 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 20 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	460	400	0	0	31
February	460	400	0	0	29
March	460	400	0	0	31
April	460	400	0	0	30
May	460	400	0	0	31
June	460	400	0	0	30
July	460	400	0	0	31
August	460	400	0	0	31
September	460	400	0	0	30
October	460	400	0	0	31
November	460	400	0	0	30
December	460	400	0	0	31
TOTAL	5520		0		

Submitted Electronically