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 # 35069
Name: Kansas City Oil, LLC
Address 1: P.O. BOX 14292
Address 2:
City: PARKVILLE State: MO Zip: 64152 + 7292
Contact Person: lee hoffman
Phone: (785) 766-0288
Lease Name: KU
Well Number: 14

API No.: 15-121-30449-00-00
Permit No: E32011.1
Reporting Year: 2024
(January 1 to December 31)

____ - SE - SW - SW Sec. 23 Twp. 18 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
325 feet from ☐ N / ☑ S Line of Section
4405 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: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 330 psi Injection Zone: PERU
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	70	300	0	0	31
February	0	300	0	0	0
March	0	300	0	0	0
April	0	300	0	0	0
May	0	300	0	0	0
June	0	300	0	0	0
July	0	300	0	0	0
August	0	300	0	0	0
September	0	300	0	0	0
October	0	300	0	0	0
November	7	300	0	0	30
December	0	300	0	0	0
TOTAL	77		0		

Submitted Electronically