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 # 36089
Name: Kansas Oil, LLC
Address 1: 874 12TH RD
Address 2:
City: BURLINGTON State: KS Zip: 66839 + 9255
Contact Person: BRIAN BIRK
Phone: (620) 364-6646
Lease Name: SHEPHARD
Well Number: I 1

API No.: 15-207-25946-00-00
Permit No: E26472.1
Reporting Year: 2024
(January 1 to December 31)

____ - NE - NE - SE Sec. 28 Twp. 23 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2374 feet from ☐ N / ☑ S Line of Section
304 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 450 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 35 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 18 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January					
February					
March					
April					
May					
June					
July					
August					
September					
October	200	400			15
November	200	400			30
December	200	400			31
TOTAL	600		0		

Submitted Electronically