

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 4

API No.: 15-207-26018-00-00
Permit No: E26472.4
Reporting Year: 2024
(January 1 to December 31)
____ - SW - NE - SE Sec. 28 Twp. 23 S. R. 16 ☒ E ☐ W
(a/a/a/a)
1901 feet from ☐ N / ☒ S Line of Section
748 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: KANSAS CITY, 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	<u>200</u>	<u>400</u>			<u>15</u>
	November	<u>200</u>	<u>400</u>			<u>30</u>
	December	<u>200</u>	<u>400</u>			<u>31</u>
	TOTAL	<u>600</u>		<u>0</u>		

Submitted Electronically