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 # 35564
Name: Owens Oil Company, LLC
Address 1: 1274 202ND RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5411
Contact Person: Jody Owens
Phone: (620) 496-6804
Lease Name: SKILLMAN
Well Number: 1

API No.: 15-031-21221-00-01
Permit No: D25441.0
Reporting Year: 2024
(January 1 to December 31)

____ - NE - NE - SE Sec. 1 Twp. 23 S. R. 15 ☑ E ☐ W
(Q/Q/Q/Q)
2581 feet from ☐ N / ☑ S Line of Section
215 feet from ☑ E / ☐ W Line of Section
County: Coffey

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: 0 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	0	0	0	0	0
February	10	0	0	0	1
March	0	0	0	0	0
April	10	0	0	0	1
May	0	0	0	0	0
June	10	0	0	0	1
July	0	0	0	0	0
August	10	0	0	0	1
September	0	0	0	0	0
October	10	0	0	0	1
November	0	0	0	0	0
December	10	0	0	0	1
TOTAL	60		0		

Submitted Electronically