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 # 36119
Name: Yellow Rose Operating Co LLC
Address 1: 2035 ISLAND OAK ST
Address 2:
City: HOUSTON State: TX Zip: 77062 + 2316
Contact Person: Chester J Jachimiec
Phone: (713) 628-6582
Lease Name: SPRADLING
Well Number: 73

API No.: 15-099-21997-00-00
Permit No: E11991.21
Reporting Year: 2024
(January 1 to December 31)

____ - SE - SW - SW Sec. 26 Twp. 32 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
150 feet from ☐ N / ☑ S Line of Section
4148 feet from ☑ E / ☐ W Line of Section
County: Labette

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: 500 psi Injection Zone: BARTLESVILLE
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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically