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: STORRER
Well Number: 11

API No.: 15-031-22501-00-00
Permit No: E30572.5
Reporting Year: 2025
(January 1 to December 31)

____ - NE - NW - NE Sec. 22 Twp. 22 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
5099 feet from ☐ N / ☑ S Line of Section
1822 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: 500 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 60 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 8 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	450	300			31
February	450	300			28
March	450	300			31
April	450	300			30
May	450	300			31
June	450	300			30
July	450	300			31
August	450	300			31
September	450	300			30
October	450	300			31
November	450	300			30
December	450	300			31
TOTAL	5400		0		

Submitted Electronically