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: STROUD A
Well Number: 2-D

API No.: 15-031-21696-00-00
Permit No: D26135.0
Reporting Year: 2025
(January 1 to December 31)

SW - SE - SW - NW Sec. 27 Twp. 22 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
2863 feet from ☐ N / ☑ S Line of Section
4586 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: 175 psi Injection Zone: KANSAS CITY
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	250	150			31
February	250	150			28
March	250	150			31
April	250	150			30
May	250	150			31
June	250	150			30
July	250	150			31
August	250	150			31
September	250	150			30
October	250	150			31
November	250	150			30
December	250	150			31
TOTAL	3000		0		

Submitted Electronically