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 # 31519
Name: Jackson, Leland dba Lone Jack Oil Co.
Address 1: 3 S LAKEVIEW RD
Address 2:
City: MAPLETON State: KS Zip: 66754 + 9128
Contact Person: Leland Jackson
Phone: (620) 363-0492
Lease Name: STEWART
Well Number: WSW-2

API No.: 15-001-28413-00-00
Permit No: D27401.0
Reporting Year: 2025
(January 1 to December 31)

____ - NE - SE - NE Sec. 22 Twp. 23 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3524 feet from ☐ N / ☑ S Line of Section
185 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 300 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 50 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	310	400			31
February	280	400			28
March	310	400			31
April	300	400			30
May	310	400			31
June	300	400			30
July	310	400			31
August	310	400			31
September	300	400			30
October	310	400			31
November	300	400			30
December	310	400			31
TOTAL	3650		0		

Submitted Electronically