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 # 35771
Name: Jackson, Levi
Address 1: 330 OAK STREET
Address 2:
City: MOUND CITY State: KS Zip: 66056 + 6227
Contact Person: Levi Jackson
Phone: (620) 224-8261
Lease Name: HOLLINGER
Well Number: I-1

API No.: 15-121-26160-00-02
Permit No: E23482.1
Reporting Year: 2025
(January 1 to December 31)

____ - ____ - NW - SW Sec. 31 Twp. 16 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2328 feet from ☐ N / ☑ S Line of Section
3812 feet from ☑ E / ☐ W Line of Section
County: Miami

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 700 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 35 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	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	300	400	0	0	31
November	300	400	0	0	30
December	300	400	0	0	31
TOTAL	900		0		

Submitted Electronically