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 # 35894
Name: Jackson, Samuel E and Charity M dba Samuel Jackson Production Co
Address 1: 19121 E 500 RD
Address 2:
City: PRESCOTT State: KS Zip: 66767 + 4162
Contact Person: Samuel Jackson
Phone: ( 620 ) 224-8254
Lease Name: TEAGARDEN
Well Number: C-5

API No.: 15-107-22746-00-00
Permit No: E12025.59
Reporting Year: 2025
*(January 1 to December 31)*

____ - ____ - SE - SE Sec. 3 Twp. 20 S. R. 23 ☑ E ☐ W
*(Q/Q/Q/Q)*
330 feet from ☐ N / ☑ S Line of Section
660 feet from ☑ E / ☐ W Line of Section
County: Linn

**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: 200 psi Injection Zone: Peru
Maximum Authorized Injection Rate: 20 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 | 620 | 200 | 0 | 0 | 31 |
| February | 560 | 200 | 0 | 0 | 28 |
| March | 620 | 200 | 0 | 0 | 31 |
| April | 600 | 200 | 0 | 0 | 30 |
| May | 620 | 200 | 0 | 0 | 31 |
| June | 600 | 200 | 0 | 0 | 30 |
| July | 620 | 200 | 0 | 0 | 31 |
| August | 620 | 200 | 0 | 0 | 31 |
| September | 600 | 200 | 0 | 0 | 30 |
| October | 620 | 200 | 0 | 0 | 31 |
| November | 600 | 200 | 0 | 0 | 30 |
| December | 620 | 200 | 0 | 0 | 31 |
| ***TOTAL*** | 7300 | | 0 | | |

Submitted Electronically