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: IJ-4

API No.: 15-107-19780-00-00
Permit No: E12025.48
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SE - SW Sec. 2 Twp. 20 S. R. 23 ☑ E ☐ W
(Q/Q/Q/Q)
333 feet from ☐ N / ☑ S Line of Section
3593 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