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: 302 S 6TH ST
Address 2:
City: BLUE MOUND State: KS Zip: 66010 + 4501
Contact Person: Leland Jackson
Phone: (913) 756-2307
Lease Name: STEWART
Well Number: WSW-2

API No.: 15-001-28413-00-00
Permit No: D27401.0
Reporting Year: 2019
(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	300	0	0	31
February	280	300	0		28
March	310	300	0	0	31
April	300	300	0	0	30
May	310	300	0	0	31
June	300	300	0	0	30
July	310	300	0	0	31
August	310	300	0	0	31
September	300	300	0	0	30
October	310	300	0	0	31
November	300	300	0	0	30
December	310	300	0	0	31
TOTAL	3650		0		

Submitted Electronically