1275585

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 # 30979
Name: Nightingale, Russell dba R J Operating Co.
Address 1: 1380 24TH AVE
Address 2:
City: GALVA State: KS Zip: 67443 + __ __ __ __
Contact Person: Russell Nightingale
Phone: (620) 245-8914
Lease Name: NINA JOY
Well Number: 2-I

API No.: 15-159-30271-00-01
Permit No: E18250.1
Reporting Year: 2015
(January 1 to December 31)

____ - ____ - SE - SW Sec. 11 Twp. 20 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
658 feet from ☐ N / ☑ S Line of Section
3310 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 500 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	500	0	0		31
February	451	0	0		28
March	500	0	0		31
April	483	0	0		30
May	500	0	0		31
June	483	0	0		30
July	500	0	0		31
August	500	0	0		31
September	483	0	0		30
October	500	0	0		31
November	483	0	0		30
December	500	0	0		31
TOTAL	5883		0		

Submitted Electronically