1299068

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 # 30275
Name: Reddig, Roger L. dba Clover Oil Company
Address 1: PO BOX 173
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0173
Contact Person: ROGER REDDIG
Phone: (785) 483-3085
Lease Name: CLAUSSEN
Well Number: 2

API No.: 15-167-06219-00-01
Permit No: D24709.0
Reporting Year: 2015
(January 1 to December 31)

____ - SW - NE - NW Sec. 34 Twp. 12 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4289 feet from ☐ N / ☑ S Line of Section
3703 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 300 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	1550	0	0		31
February	1400	0	0		28
March	1550	0	0		31
April	1500	0	0		30
May	1550	0	0		31
June	1500	0	0		30
July	1550	0	0		31
August	1550	0	0		31
September	1500	0	0		30
October	1550	0	0		31
November	1500	0	0		30
December	1550	0	0		31
TOTAL	18250		0		

Submitted Electronically