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: 1044 24TH AVE
Address 2:
City: GALVA State: KS Zip: 67443 + __ __ __ __
Contact Person: Russell Nightingale
Phone: (620) 245-8914
Lease Name: C. H. GOERING
Well Number: 4

API No.: 15-113-04518-00-01
Permit No: D20583.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - SE Sec. 17 Twp. 21 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
1624 feet from ☐ N / ☑ S Line of Section
309 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 250 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1700 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	15600	0	0		31
February	14090	0	0		28
March	15600	0	0		31
April	15090	0	0		30
May	15600	0	0		31
June	15090	0	0		30
July	15600	0	0		31
August	15600	0	0		31
September	15090	0	0		30
October	15600	0	0		31
November	15090	0	0		30
December	15600	0	0		31
TOTAL	183650		0		

Submitted Electronically