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 # 3293
Name: Russell Oil, Inc.
Address 1: PO BOX 8050
Address 2:
City: EDMOND State: OK Zip: 73083 + __ __ __ __
Contact Person: LEROY HOLT
Phone: (405) 752-7600
Lease Name: WHITE TRUST D
Well Number: 2-29

API No.: 15-065-23089-00-00
Permit No: D28562.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - SE Sec. 29 Twp. 8 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
331 feet from ☐ N / ☑ S Line of Section
758 feet from ☑ E / ☐ W Line of Section
County: Graham

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: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	4036	0	0		31
February	3898	0	0		28
March	4216	0	0		31
April	4080	0	0		30
May	4186	0	0		1
June	3930	0	0		30
July	4216	0	0		31
August	4216	0	0		31
September	4080	0	0		30
October	4216	0	0		31
November	4080	0	0		30
December	4076	0	0		31
TOTAL	49230		0		

Submitted Electronically