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 # 4441
Name: Reusch Well Service, Inc.
Address 1: PO BOX 520
Address 2:
City: OTTAWA State: KS Zip: 66067 + __ __ __ __
Contact Person: LIZ REUSCH
Phone: (785) 242-2043
Lease Name: SLAVEN
Well Number: WI 3

API No.: 15-059-25122-00-00
Permit No: E18459.4
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SE - SW Sec. 19 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1319 feet from ☐ N / ☑ S Line of Section
3364 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 600 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 40 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 5 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	310	400	0		31
February	280	400	0		28
March	370	400	0		31
April	390	400	0		30
May	340	400	0		31
June	380	400	0		30
July	360	400	0		31
August	370	400	0		31
September	300	400	0		30
October	310	400	0		31
November	310	400	0		30
December	310	400	0		31
TOTAL	4030		0		

Submitted Electronically