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 # 33905
Name: Royal Drilling Inc
Address 1: 719 WITT AVE
Address 2: PO BOX 342
City: RUSSELL State: KS Zip: 67665 + ___ ___ ___ ___
Contact Person: John Driscoll
Phone: (785) 483-9580
Lease Name: STAAB FRANCIS
Well Number: 2

API No.: 15-051-23144-00-01
Permit No: D21435.0
Reporting Year: 2018
(January 1 to December 31)

___ - NW - SW - NE Sec. 9 Twp. 13 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
3646 feet from ☐ N / ☑ S Line of Section
2385 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 100 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 115 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	1000				31
February	1500				28
March	1500				31
April	1300				30
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	5300		0		

Submitted Electronically