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 # 30458
Name: RJM Company
Address 1: PO BOX 256
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 0256
Contact Person: Brian Miller
Phone: (620) 588-3910
Lease Name: JOHANNING B
Well Number: 3

API No.: 15-009-22735-00-01
Permit No: E25225.1
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SE - SW Sec. 36 Twp. 18 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
1125 feet from ☐ N / ☑ S Line of Section
3095 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 200 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 500 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	8060	0	0		31
February	7280	0	0		28
March	8060	0	0		31
April	7800	0	0		30
May	8060	0	0		31
June	7800	0	0		30
July	8060	0	0		31
August	8060	0	0		31
September	7800	0	0		30
October	8060	0	0		31
November	7800	0	0		30
December	8060	0	0		31
TOTAL	94900		0		

Submitted Electronically