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: Joan Miller
Phone: (620) 588-3910
Lease Name: SCHROEDER MAES HUFF
Well Number: 1-34 SWD

API No.: 15-053-21193-00-00
Permit No: D28974.0
Reporting Year: 2019
(January 1 to December 31)

NW - NE - SE - ____ Sec. 34 Twp. 17 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
2287 feet from ☐ N / ☑ S Line of Section
1177 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: 2500 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	14570	0	0	0	31
February	13160	0	0	0	28
March	14570	0	0	0	31
April	14100	0	0	0	30
May	14570	0	0	0	31
June	14100	0	0	0	30
July	14570	0	0	0	31
August	14570	0	0	0	31
September	14100	0	0	0	30
October	14570	0	0	0	31
November	14100	0	0	0	30
December	14570	0	0	0	31
TOTAL	171550		0		

Submitted Electronically