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 + 8050
Contact Person: LEROY HOLT
Phone: ( 405 ) 752-7600
Lease Name: BOLLIG D
Well Number: 3-25

API No.: 15-065-23548-00-01
Permit No: D32603.0
Reporting Year: 2019
*(January 1 to December 31)*

SW - SW - NE - SE Sec. 25 Twp. 10 S. R. 23 ☐ E ☑ W
*(Q/Q/Q/Q)*
1540 feet from ☐ N / ☑ S Line of Section
1270 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: 250 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 4960 | 0 | 0 | 0 | 31 |
| February | 4480 | 0 | 0 | 0 | 28 |
| March | 4960 | 0 | 0 | 0 | 31 |
| April | 4800 | 0 | 0 | 0 | 30 |
| May | 4000 | 0 | 0 | 0 | 31 |
| June | 4800 | 0 | 0 | 0 | 30 |
| July | 3840 | 0 | 0 | 0 | 31 |
| August | 4800 | 0 | 0 | 0 | 31 |
| September | 4800 | 0 | 0 | 0 | 30 |
| October | 3040 | 0 | 0 | 0 | 31 |
| November | 4800 | 0 | 0 | 0 | 30 |
| December | 2880 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 52160 | | 0 | | |

Submitted Electronically