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 # 34505
Name: Rierson, Joe
Address 1: 915 VERANDA PLACE
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 1915
Contact Person: Joe Rierson
Phone: (620) 245-1943
Lease Name: BIXBY
Well Number: 1

API No.: 15-113-01571-00-01
Permit No: D05651.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NE - SW Sec. 24 Twp. 19 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
2009 feet from ☐ N / ☑ S Line of Section
3423 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1000 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	13950	0	0		31
February	12600	0	0		28
March	13950	0	0		31
April	13500	0	0		30
May	13950	0	0		31
June	13500	0	0		30
July	13950	0	0		31
August	13950	0	0		31
September	13500	0	0		30
October	13950	0	0		31
November	13500	0	0		30
December	13950	0	0		31
TOTAL	164250		0		

Submitted Electronically