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 # 35016
Name: Rierson Energy, LLC
Address 1: 1953 Cochise
Address 2:
City: McPherson State: KS Zip: 67460 + 2757
Contact Person: Rory Rierson
Phone: (620) 755-1717
Lease Name: O RUSSELL
Well Number: B-2

API No.: 15-113-01555-00-01
Permit No: D26102.0
Reporting Year: 2019
(January 1 to December 31)

____ - SE - NW - NE Sec. 23 Twp. 19 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
4202 feet from ☐ N / ☑ S Line of Section
1708 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: ARBUCKLE
Maximum Authorized Injection Rate: 6000 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	58928				31
February	53225				28
March	58928				31
April	57027				30
May	58928				31
June	57027				30
July	58928				31
August	58928				31
September	57027				30
October	58928				31
November	57027				30
December	58928				31
TOTAL	693829		0		

Submitted Electronically