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 # 4441
Name: Reusch Well Service, Inc.
Address 1: PO BOX 520
Address 2:
City: OTTAWA State: KS Zip: 66067 + 0520
Contact Person: LIZ REUSCH
Phone: ( 785 ) 242-2043
Lease Name: SLAVEN
Well Number: WW 4

API No.: 15-059-25375-00-00
Permit No: E18459.5
Reporting Year: 2019
*(January 1 to December 31)*

____ - SW - SE - SW Sec. 19 Twp. 16 S. R. 21 ☑ E ☐ W
*(Q/Q/Q/Q)*
450 feet from ☐ N / ☑ S Line of Section
3038 feet from ☑ E / ☐ W Line of Section
County: Franklin

**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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 5 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 310 | 400 | 0 | | 31 |
| February | 280 | 400 | 0 | | 28 |
| March | 370 | 400 | 0 | | 31 |
| April | 390 | 400 | 0 | | 30 |
| May | 385 | 400 | 0 | | 31 |
| June | 380 | 400 | 0 | | 30 |
| July | 380 | 400 | 0 | | 31 |
| August | 390 | 400 | 0 | | 31 |
| September | 350 | 400 | 0 | | 30 |
| October | 360 | 400 | 0 | | 31 |
| November | 340 | 400 | 0 | | 30 |
| December | 325 | 400 | 0 | | 31 |
| ***TOTAL*** | 4260 | | 0 | | |

Submitted Electronically