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: JOHNSON
Well Number: 4-W

API No.: 15-121-27123-00-00
Permit No: E26299.4
Reporting Year: 2019
(January 1 to December 31)

____ - SE - SW - NW Sec. 29 Twp. 16 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
2945 feet from ☐ N / ☑ S Line of Section
4090 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 450 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 25 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 4 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	0	0		0
February	0	0	0		0
March	0	0	0		0
April	0	0	0		0
May	0	0	0		31
June	130	300	0		30
July	155	300	0		31
August	155	300	0		31
September	150	300	0		30
October	140	300	0		31
November	0	0	0		0
December	0	0	0		0
TOTAL	730		0		

Submitted Electronically