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 # 30979
Name: Nightingale, Russell dba R J Operating Co.
Address 1: 1044 24TH AVE
Address 2:
City: GALVA State: KS Zip: 67443 + 8852
Contact Person: Russell Nightingale
Phone: ( 620 ) 245-8914
Lease Name: C. H. GOERING
Well Number: 4

API No.: 15-113-04518-00-01
Permit No: D20583.0
Reporting Year: 2020
*(January 1 to December 31)*

____ - SE - NE - SE Sec. 17 Twp. 21 S. R. 1 ☐ E ☑ W
*(Q/Q/Q/Q)*
1624 feet from ☐ N / ☑ S Line of Section
309 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: 250 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1700 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 | 15600 | 0 | 0 | 0 | 31 |
| February | 14594 | 0 | 0 | 0 | 29 |
| March | 15600 | 0 | 0 | 0 | 31 |
| April | 15090 | 0 | 0 | 0 | 30 |
| May | 15600 | 0 | 0 | 0 | 31 |
| June | 15090 | 0 | 0 | 0 | 30 |
| July | 15600 | 0 | 0 | 0 | 31 |
| August | 15600 | 0 | 0 | 0 | 31 |
| September | 15090 | 0 | 0 | 0 | 30 |
| October | 15600 | 0 | 0 | 0 | 31 |
| November | 15090 | 0 | 0 | 0 | 30 |
| December | 15600 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 184154 | | 0 | | |

Submitted Electronically