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: MATLOCK
Well Number: 2

API No.: 15-159-21824-00-00
Permit No: D23336.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - NW - SE Sec. 24 Twp. 20 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
1614 feet from ☐ N / ☑ S Line of Section
2069 feet from ☑ E / ☐ W Line of Section
County: Rice

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	43200	0	0	0	31
February	40413	0	0	0	29
March	43200	0	0	0	31
April	41790	0	0	0	30
May	43200	0	0	0	31
June	41790	0	0	0	30
July	43200	0	0	0	31
August	43200	0	0	0	31
September	41790	0	0	0	30
October	43200	0	0	0	31
November	41790	0	0	0	30
December	43200	0	0	0	31
TOTAL	509973		0		

Submitted Electronically