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 # 30458
Name: RJM Company
Address 1: PO BOX 256
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 0256
Contact Person: Joan Miller
Phone: (620) 588-3910
Lease Name: JOHANNING
Well Number: 1

API No.: 15-009-20644-00-01
Permit No: D16495.0
Reporting Year: 2020
(January 1 to December 31)

N2 - NE - NE - ____ Sec. 6 Twp. 19 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
5037 feet from ☐ N / ☑ S Line of Section
691 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 300 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	8835	0	0	0	31
February	7980	0	0	0	28
March	8835	0	0	0	31
April	8550	0	0	0	30
May	8835	0	0	0	31
June	8550	0	0	0	30
July	8835	0	0	0	31
August	8835	0	0	0	31
September	8550	0	0	0	30
October	8835	0	0	0	31
November	8550	0	0	0	30
December	8835	0	0	0	31
TOTAL	104025		0		

Submitted Electronically