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 # 35602
Name: Rockin K Enterprises LLC
Address 1: PO BOX 681689
Address 2:
City: RIVERSIDE State: MO Zip: 64168 + 1689
Contact Person: Rocky Kristek
Phone: (816) 645-8199
Lease Name: SLY
Well Number: 2 SWD

API No.: 15-127-20597-00-00
Permit No: D32464.0
Reporting Year: 2020
(January 1 to December 31)

SW - NE - NE - SE Sec. 6 Twp. 17 S. R. 6 ☑ E ☐ W
(Q/Q/Q/Q)
2140 feet from ☐ N / ☑ S Line of Section
371 feet from ☑ E / ☐ W Line of Section
County: Morris

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: 500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL	0		0		

Submitted Electronically