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 # 35016
Name: Rierson Energy, LLC
Address 1: 1953 COCHISE
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 2757
Contact Person: Rory Rierson
Phone: (620) 755-2653
Lease Name: BONJOUR BATE
Well Number: 2

API No.: 15-079-19029-00-01
Permit No: D18330.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SW - NW Sec. 35 Twp. 22 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
3630 feet from ☐ N / ☑ S Line of Section
5028 feet from ☑ E / ☐ W Line of Section
County: Harvey

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: HUNTON,MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 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	155				31
February	145				29
March	155				31
April	150				30
May	155				31
June	150				30
July	155				31
August	155				31
September	150				30
October	155				31
November	150				30
December	155				31
TOTAL	1830		0		

Submitted Electronically