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 # 30275
Name: Reddig, Roger L. dba Clover Oil Company
Address 1: PO BOX 173
Address 2:
City: RUSSELL State: KS Zip: 67665 + 0173
Contact Person: Roger Reddig
Phone: (785) 483-3085
Lease Name: CLAUSSEN
Well Number: 2

API No.: 15-167-06219-00-01
Permit No: D24709.0
Reporting Year: 2020
(January 1 to December 31)

____ - SW - NE - NW Sec. 34 Twp. 12 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4289 feet from ☐ N / ☑ S Line of Section
3703 feet from ☑ E / ☐ W Line of Section
County: Russell

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: CEDAR HILLS
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	1240				31
February	1120				29
March	1240				31
April	1200				30
May	1240				31
June	1200				30
July	1240				31
August	1240				31
September	1200				30
October	1240				31
November	1200				30
December	1240				31
TOTAL	14600		0		

Submitted Electronically