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 # 4441
Name: Reusch Well Service, Inc.
Address 1: PO BOX 520
Address 2:
City: OTTAWA State: KS Zip: 66067 + 0520
Contact Person: LIZ REUSCH
Phone: (785) 242-2043
Lease Name: BAKER
Well Number: I-2

API No.: 15-091-22435-00-00
Permit No: E26519.2
Reporting Year: 2020
(January 1 to December 31)

____ - NE - SW - SW Sec. 19 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
822 feet from ☐ N / ☑ S Line of Section
3939 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: BARTLESVILLE
Maximum Authorized Injection Rate: 50 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 7 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	310	400	0		31
February	290	400	0		29
March	330	400	0		31
April	340	400	0		30
May	360	400	0		31
June	360	400	0		30
July	372	400	0		31
August	377	400	0		31
September	420	400	0		30
October	400	400	0		31
November	300	400	0		30
December	310	40	0		31
TOTAL	4169		0		

Submitted Electronically