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: MCCONNELL
Well Number: 1

API No.: 15-059-23161-00-00
Permit No: D22047.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - NE Sec. 18 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
5155 feet from ☐ N / ☑ S Line of Section
1995 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	150	0	0		31
February	150	0	0		29
March	200	0	0		31
April	178	0	0		30
May	155	0	0		31
June	150	0	0		30
July	150	0	0		31
August	200	0	0		31
September	175	0	0		30
October	175	0	0		31
November	150	0	0		30
December	200	0	0		31
TOTAL	2033		0		

Submitted Electronically