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 # 35846
Name: RKT, Inc.
Address 1: 1008 CODY AVE
Address 2:
City: HAYS State: KS Zip: 67601 + 2431
Contact Person: Drue herl
Phone: (785) 656-1803
Lease Name: COMMERFORD
Well Number: 1-13 SWD

API No.: 15-169-20358-00-00
Permit No: D32256.0
Reporting Year: 2021
(January 1 to December 31)

____ - NE - NE - NW Sec. 13 Twp. 15 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
4939 feet from ☐ N / ☑ S Line of Section
2931 feet from ☑ E / ☐ W Line of Section
County: Saline

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: 1000 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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	0				
February	0				
March	0				
April	0				
May	0				
June	0				
July	0				
August	0				
September	0				
October	6035				3
November	39724				30
December	29242				31
TOTAL	75001		0		

Submitted Electronically