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: SLAVEN
Well Number: WI 3

API No.: 15-059-25122-00-00
Permit No: E18459.4
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SE - SW Sec. 19 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1319 feet from ☐ N / ☑ S Line of Section
3364 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: 600 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 40 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 5 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	312	400	0		31
February	305	400	0		28
March	375	400	0		31
April	385	400	0		30
May	366	400	0		31
June	387	400	0		30
July	365	400	0		31
August	371	400	0		31
September	325	400	0		30
October	332	400	0		31
November	301	400	0		30
December	305	400	0		31
TOTAL	4129		0		

Submitted Electronically