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 # 33007
Name: RGN Company, Inc.
Address 1: PO BOX 213
Address 2:
City: STOCKTON State: KS Zip: 67669 + 0213
Contact Person: Jason Nyp
Phone: (785) 425-7387
Lease Name: CANNADAY-MCKELVY
Well Number: 2

API No.: 15-163-00222-00-01
Permit No: D20760.0
Reporting Year: 2023
(January 1 to December 31)

____ - NW - NW - NE Sec. 28 Twp. 7 S. R. 19 ☐ E ☑ W
(Q/Q/Q/Q)
4958 feet from ☐ N / ☑ S Line of Section
2313 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 150 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	210	0			31
February	392	0			28
March	434	0			31
April	420	0			30
May	403	0			31
June	390	0			30
July	403	0			31
August	390	0			31
September	390	0			30
October	434	0			31
November	390	0			30
December	372	0			31
TOTAL	4628		0		

Submitted Electronically