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 # 35016
Name: Rierson Energy, LLC
Address 1: 1953 COCHISE
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 2757
Contact Person: Rory Rierson
Phone: (620) 755-2653
Lease Name: TECTER
Well Number: 3

API No.: 15-113-00268-00-00
Permit No: D01119.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NW - NW Sec. 10 Twp. 18 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
4221 feet from ☐ N / ☑ S Line of Section
4290 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 300 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2100 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	60509				31
February	54653				28
March	60509				31
April	58557				30
May	60509				31
June	58557				30
July	60509				31
August	60509				31
September	58557				30
October	60509				31
November	58557				30
December	60509				31
TOTAL	712444		0		

Submitted Electronically