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 # 30458
Name: RJM Company
Address 1: PO BOX 256
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 0256
Contact Person: Joan Miller
Phone: (620) 588-3910
Lease Name: MALONE HAROLD
Well Number: 2

API No.: 15-159-21099-00-01
Permit No: E18065.5
Reporting Year: 2023
(January 1 to December 31)

____ - ____ - NW - NE Sec. 30 Twp. 20 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
4593 feet from ☐ N / ☑ S Line of Section
1967 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 1500 psi Injection Zone: Simpson
Maximum Authorized Injection Rate: 100 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	1705	250	0	0	31
February	1540	250	0	0	28
March	1705	255	0	0	31
April	1650	250	0	0	30
May	1705	250	0	0	31
June	1650	260	0	0	30
July	1705	255	0	0	31
August	1705	255	0	0	31
September	1650	255	0	0	30
October	1705	255	0	0	31
November	1650	255	0	0	30
December	1705	255	0	0	31
TOTAL	20075		0		

Submitted Electronically