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 # 32116
Name: R.T. Enterprises of Kansas, Inc.
Address 1: 4453 SHAWNEE RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8756
Contact Person: Victoria Davis
Phone: (913) 710-5400
Lease Name: SOUTH FIEHLER
Well Number: BW-2

API No.: 15-059-27109-00-00
Permit No: E26096.27
Reporting Year: 2024
(January 1 to December 31)

____ - SW - SW - NW Sec. 8 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
4950 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: N/A mg/l Specific Gravity: N/A Additives: N/A
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 50 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	950	450	0	0	31
February	1000	410	0	0	28
March	1020	410	0	0	31
April	1010	410	0	0	30
May	1020	450	0	0	31
June	1015	450	0	0	30
July	1020	450	0	0	31
August	1020	410	0	0	31
September	1015	410	0	0	30
October	1020	410	0	0	31
November	1015	410	0	0	30
December	1020	400	0	0	31
TOTAL	12125		0		

Submitted Electronically