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 # 35722
Name: RH Capital-Beets, LLC
Address 1: 1133 CORNETT BRANCH RD
Address 2:
City: LAKE OZARK State: MO Zip: 65049 + 4817
Contact Person: Thomas Heckman
Phone: (816) 651-5248
Lease Name: LAWSON
Well Number: I-2

API No.: 15-045-22315-00-00
Permit No: E34499.2
Reporting Year: 2024
(January 1 to December 31)

N2 - SE - NE - NE Sec. 15 Twp. 14 S. R. 20 ☑ E ☐ W
(Q/Q/Q/Q)
710 feet from ☑ N / ☐ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Douglas

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: None
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 60 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	0	300	0	0	31
February	47	300	0	0	28
March	0	300	0	0	31
April	0	300	0	0	30
May	0	300	0	0	31
June	0	300	0	0	30
July	0	300	0	0	31
August	0	300	0	0	31
September	0	300	0	0	30
October	57	300	0	0	31
November	55	300	0	0	30
December	57	300	0	0	31
TOTAL	216		0		

Submitted Electronically