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: KRAUSS PIHL EXT. POOL
Well Number: 2-B

API No.: 15-169-19049-00-01
Permit No: E11513.1
Reporting Year: 2024
(January 1 to December 31)

____ - ____ - SW - SE Sec. 23 Twp. 15 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
1320 feet from ☐ N / ☑ S Line of Section
1980 feet from ☑ E / ☐ W Line of Section
County: Saline

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: 400 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1000 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	20925				31
February	19575				29
March	20925				31
April	20250				30
May	20925				31
June	20250				30
July	20925				31
August	20925				31
September	20250				30
October	20925				31
November	20250				30
December	20925				31
TOTAL	247050		0		

Submitted Electronically