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: SCHROEDER MAES HUFF
Well Number: 1-34 SWD

API No.: 15-053-21193-00-00
Permit No: D28974.0
Reporting Year: 2024
*(January 1 to December 31)*

____ - NW - NE - SE Sec. 34 Twp. 17 S. R. 10 ☐ E ☑ W
*(Q/Q/Q/Q)*
2287 feet from ☐ N / ☑ S Line of Section
1177 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

**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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 2500 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 | 9083 | 0 | 0 | 0 | 31 |
| February | 8204 | 0 | 0 | 0 | 28 |
| March | 9083 | 0 | 0 | 0 | 31 |
| April | 8790 | 0 | 0 | 0 | 30 |
| May | 9083 | 0 | 0 | 0 | 31 |
| June | 8790 | 0 | 0 | 0 | 30 |
| July | 9083 | 0 | 0 | 0 | 31 |
| August | 9083 | 0 | 0 | 0 | 31 |
| September | 8790 | 0 | 0 | 0 | 30 |
| October | 9083 | 0 | 0 | 0 | 31 |
| November | 8790 | 0 | 0 | 0 | 30 |
| December | 9083 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 106945 | | 0 | | |

Submitted Electronically