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 Scott
Phone: (913) 710-5400
Lease Name: SCHMITT
Well Number: 2-W

API No.: 15-121-26956-00-00
Permit No: E04829.2
Reporting Year: 2025
(January 1 to December 31)

____ - SE - NW - SE Sec. 11 Twp. 17 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
1613 feet from ☐ N / ☑ S Line of Section
1661 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 600 psi Injection Zone: Squirrel
Maximum Authorized Injection Rate: 150 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	900	475	0	0	31
February	280	400	0	0	28
March	306	500	0	0	31
April	295	500	0	0	30
May	306	475	0	0	31
June	289	500	0	0	30
July	200	500	0	0	18
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	2576		0		

Submitted Electronically