1285354

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 # 3822
Name: Koehn, Eldon R.
Address 1: 2241 MOCCASIN RD
Address 2:
City: GALVA State: KS Zip: 67443 + 8842
Contact Person: Eldon R. Koehn
Phone: (620) 654-3397
Lease Name: MILLER aka Waln
Well Number: 1

API No.: 15-113-20421-00-02
Permit No: E20002.2
Reporting Year: 2015
(January 1 to December 31)

____ - SW - SE - SE Sec. 1 Twp. 20 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
287 feet from ☐ N / ☑ S Line of Section
945 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 250 psi Injection Zone: Lower Mississippi
Maximum Authorized Injection Rate: 5000 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	65107	0	0		31
February	58810	0	0		28
March	65115	0	0		31
April	63002	0	0		30
May	65105	0	0		31
June	63005	0	0		30
July	65101	0	0		31
August	65099	0	0		31
September	62300	0	0		30
October	65108	0	0		31
November	63005	0	0		30
December	65111	0	0		31
TOTAL	765868		0		

Submitted Electronically