1285407

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 # 5217
Name: Koehn, Radell W. and Austin Koehn & Morgan Koehn
Address 1: 1977 MOCCASIN RD
Address 2:
City: GALVA State: KS Zip: 67443 + 8021
Contact Person: Radell W. Koehn
Phone: (620) 654-3872
Lease Name: OTTE
Well Number: 4

API No.: 15-113-01899-00-00
Permit No: D21957.0
Reporting Year: 2015
(January 1 to December 31)

NE - SW - SW - SE Sec. 17 Twp. 19 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
382 feet from ☐ N / ☑ S Line of Section
2051 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: 0 psi Injection Zone: ARBUCKLE
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	23375	0	0		31
February	21112	0	0		28
March	23371	0	0		31
April	22621	0	0		30
May	23369	0	0		31
June	22615	0	0		30
July	23377	0	0		31
August	23377	0	0		31
September	22620	0	0		30
October	23372	0	0		31
November	22617	0	0		30
December	23370	0	0		31
TOTAL	275196		0		

Submitted Electronically