1300770

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 # 33153
Name: Krier, Roger dba Krier Oil Operation
Address 1: PO BOX 763
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 0763
Contact Person: Roger Krier
Phone: (620) 793-2121
Lease Name: MATHEWS
Well Number: 5

API No.: 15-053-19124-00-01
Permit No: D25469.0
Reporting Year: 2015
(January 1 to December 31)

____ - SE - SW - NW Sec. 19 Twp. 17 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
2997 feet from ☐ N / ☑ S Line of Section
4410 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: 4000 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	930	0	0		31
February	840	0	0		28
March	930	0	0		31
April	900	0	0		30
May	930	0	0		31
June	900	0	0		30
July	930	0	0		31
August	900	0	0		30
September	900	0	0		30
October	930	0	0		31
November	900	0	0		30
December	930	0	0		31
TOTAL	10920		0		

Submitted Electronically