1344325

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 # 35077
Name: Kenneth E. Dreyer Rev. Trust dba Dreyer Oil
Address 1: 1415 WEST STREET
Address 2:
City: EMPORIA State: KS Zip: 66801 + __ __ __ __
Contact Person: Kenneth Dreyer
Phone: (620) 342-9586
Lease Name: HARLAN B
Well Number: B 2

API No.: 15-111-19023-00-01
Permit No: E20518.1
Reporting Year: 2016
(January 1 to December 31)

____ - NE - NW - SW Sec. 32 Twp. 21 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
2022 feet from ☐ N / ☑ S Line of Section
4535 feet from ☑ E / ☐ W Line of Section
County: Lyon

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: 400 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 400 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically