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 # 5145
Name: Dreiling Oil Inc
Address 1: 1008 CODY AVE
Address 2: PO BOX 550
City: HAYS State: KS Zip: 67601 + 2431
Contact Person: AVEN WEAVERLING
Phone: (785) 625-8327
Lease Name: SOPHIA DREILING
Well Number: 7

API No.: 15-051-22403-00-01
Permit No: D27875.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NW - SE Sec. 28 Twp. 13 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
2295 feet from ☐ N / ☑ S Line of Section
1596 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 2500 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	9460	0	0		31
February	8540	0	0		28
March	9410	0	0		31
April	9100	0	0		30
May	9450	0	0		31
June	9110	0	0		30
July	9440	0	0		31
August	9490	0	0		31
September	9180	0	0		30
October	9450	0	0		31
November	9170	0	0		30
December	9480	0	0		31
TOTAL	111280		0		

Submitted Electronically