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 # 6127
Name: Koron Investments, Inc.
Address 1: PO BOX 981
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: JEFF KORON
Phone: (785) 628-1727
Lease Name: BAUGHER
Well Number: 2

API No.: 15-195-19040-00-01
Permit No: D20191.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - NW Sec. 23 Twp. 12 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
3038 feet from ☐ N / ☑ S Line of Section
3797 feet from ☑ E / ☐ W Line of Section
County: Trego

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: CEDAR HILLS
Maximum Authorized Injection Rate: 500 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	3195	0	0		31
February	2885	0	0		28
March	3195	0	0		31
April	3090	0	0		30
May	3195	0	0		31
June	3090	0	0		30
July	3195	0	0		31
August	3195	0	0		31
September	3090	0	0		30
October	7068	0	0		31
November	6840	0	0		30
December	7068	0	0		31
TOTAL	49106		0		

Submitted Electronically