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 # 32361
Name: Krehbiel, Hal Gene and Alice dba K-Bar Oil
Address 1: 1219 TURKEY CRK DR
Address 2:
City: MCPHERSON State: KS Zip: 67460 + 9765
Contact Person: Hal G. Krehbiel
Phone: (620) 242-6624
Lease Name: DEAN
Well Number: 2

API No.: 15-113-01340-00-02
Permit No: E18708.1
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NE - SE Sec. 24 Twp. 19 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
2355 feet from ☐ N / ☑ S Line of Section
394 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: MISSISSIPPI
Maximum Authorized Injection Rate: 200 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	5354	0	0		31
February	5065	0	0		28
March	5359	0	0		31
April	5181	0	0		30
May	5347	0	0		31
June	5179	0	0		30
July	5366	0	0		31
August	5362	0	0		31
September	5176	0	0		30
October	5383	0	0		31
November	5167	0	0		30
December	5366	0	0		31
TOTAL	63305		0		

Submitted Electronically