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: ELLIOTT
Well Number: 1

API No.: 15-113-20678-00-01
Permit No: D20655.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - SW Sec. 19 Twp. 19 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
1620 feet from ☐ N / ☑ S Line of Section
2916 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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 800 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	23254	0	0		31
February	20951	0	0		28
March	23246	0	0		31
April	22495	0	0		30
May	23235	0	0		31
June	22493	0	0		30
July	23252	0	0		31
August	23248	0	0		31
September	22486	0	0		30
October	23246	0	0		31
November	22500	0	0		30
December	23257	0	0		31
TOTAL	273663		0		

Submitted Electronically