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 # 5217
Name: Koehn, Radell W. and Austin Koehn & Morgan Koehn
Address 1: 1977 MOCCASIN RD
Address 2:
City: GALVA State: KS Zip: 67443 + 8021
Contact Person: Radell Koehn
Phone: (620) 654-3872
Lease Name: BOALS
Well Number: 2

API No.: 15-113-05562-00-01
Permit No: E18480.2
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SE - NW Sec. 24 Twp. 19 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
3267 feet from ☐ N / ☑ S Line of Section
3053 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: 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	10945	0	0		31
February	9878	0	0		28
March	10950	0	0		31
April	10587	0	0		30
May	10943	0	0		31
June	10589	0	0		30
July	10956	0	0		31
August	10960	0	0		31
September	10574	0	0		30
October	10988	0	0		31
November	10587	0	0		30
December	10956	0	0		31
TOTAL	128913		0		

Submitted Electronically