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 Kpehn
Phone: (620) 654-3872
Lease Name: WEDEL B
Well Number: 2

API No.: 15-113-01084-00-01
Permit No: E01295.1
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NW - NE Sec. 7 Twp. 19 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
4939 feet from ☐ N / ☑ S Line of Section
1747 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: 400 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 300 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	8965	0	0		31
February	8088	0	0		28
March	8963	0	0		31
April	8961	0	0		30
May	8964	0	0		31
June	8680	0	0		30
July	8970	0	0		31
August	8963	0	0		31
September	8968	0	0		30
October	8960	0	0		31
November	8672	0	0		30
December	8965	0	0		31
TOTAL	106119		0		

Submitted Electronically