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 # 3822
Name: Koehn, Eldon R.
Address 1: 2241 MOCCASIN RD
Address 2:
City: GALVA State: KS Zip: 67443 + 8842
Contact Person: Eldon R. Koehn
Phone: (620) 654-3397
Lease Name: HULL
Well Number: 5

API No.: 15-113-05457-00-01
Permit No: D22502.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - SE - SW Sec. 11 Twp. 19 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
193 feet from ☐ N / ☑ S Line of Section
2869 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: GRANIT WASH
Maximum Authorized Injection Rate: 10000 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	60897	0	0		31
February	54895	0	0		28
March	60894	0	0		31
April	58930	0	0		30
May	60898	0	0		31
June	58934	0	0		30
July	60895	0	0		31
August	60897	0	0		31
September	58914	0	0		30
October	60889	0	0		31
November	58926	0	0		30
December	60899	0	0		31
TOTAL	716868		0		

Submitted Electronically