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 # 33527
Name: J D Dreiling Oil, Inc.
Address 1: 215 6TH ST
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 8903
Contact Person: Jane A Dreiling
Phone: (620) 587-3658
Lease Name: HALSTEAD SWD SYSTEM (SCHROEDER)
Well Number: 1 (6)

API No.: 15-079-20067-00-00
Permit No: D14483.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - SE - SE Sec. 3 Twp. 23 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Harvey

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: 500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 5000 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	17240	0	0		31
February	20440	0	0		28
March	21910	0	0		31
April	21170	0	0		30
May	20460	0	0		31
June	19800	0	0		30
July	20468	0	0		31
August	21390	0	0		31
September	20176	0	0		30
October	21452	0	0		31
November	20700	0	0		30
December	21390	0	0		31
TOTAL	246596		0		

Submitted Electronically