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 # 4873
Name: D & R Well Service, Inc.
Address 1: 1224 20TH AVE
Address 2:
City: GALVA State: KS Zip: 67443 + 5015
Contact Person: Nancy Ward
Phone: ( 620 ) 654-2662
Lease Name: KOEHN JADEAN
Well Number: 1

API No.: 15-113-20390-00-02
Permit No: D23240.0
Reporting Year: 2017
*(January 1 to December 31)*

____ - SW - SE - SE Sec. 12 Twp. 20 S. R. 2 ☐ E ☑ W
*(Q/Q/Q/Q)*
336 feet from ☐ N / ☑ S Line of Section
1294 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: OSAGE
Maximum Authorized Injection Rate: 2000 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 | 21080 | 0 | 0 | | 31 |
| February | 19040 | 0 | 0 | | 28 |
| March | 21080 | 0 | 0 | | 31 |
| April | 20400 | 0 | 0 | | 30 |
| May | 21080 | 0 | 0 | | 31 |
| June | 20400 | 0 | 0 | | 30 |
| July | 21080 | 0 | 0 | | 31 |
| August | 21080 | 0 | 0 | | 31 |
| September | 20400 | 0 | 0 | | 30 |
| October | 21080 | 0 | 0 | | 31 |
| November | 20400 | 0 | 0 | | 30 |
| December | 21080 | 0 | 0 | | 31 |
| ***TOTAL*** | 248200 | | 0 | | |

Submitted Electronically