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 # 35077
Name: Kenneth E. Dreyer Rev. Trust dba Dreyer Oil
Address 1: 1415 WEST STREET
Address 2:
City: EMPORIA State: KS Zip: 66801 + __ __ __ __
Contact Person: Kenneth Dreyer
Phone: (620) 342-9586
Lease Name: SHAFFER
Well Number: 24

API No.: 15-207-21551-00-01
Permit No: E22086.1
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - NE - SW Sec. 31 Twp. 23 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
1980 feet from ☐ N / ☑ S Line of Section
2970 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 300 psi Injection Zone: B
Maximum Authorized Injection Rate: 450 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	4650	250	0		31
February	4200	250	0		28
March	4650	250	0		31
April	4500	250	0		30
May	4650	250	0		31
June	4500	250	0		30
July	4650	250	0		31
August	4650	250	0		31
September	4500	250	0		30
October	4650	260	0		31
November	4500	260	0		30
December	4650	260	0		31
TOTAL	54750		0		

Submitted Electronically