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 # 5145
Name: Dreiling Oil Inc
Address 1: 1008 CODY AVE
Address 2: PO BOX 550
City: HAYS State: KS Zip: 67601 + 2431
Contact Person: AVEN WEAVERLING
Phone: (785) 625-8327
Lease Name: PFEIFFER B
Well Number: 1

API No.: 15-165-00218-00-02
Permit No: D19054.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - NW Sec. 1 Twp. 16 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
2891 feet from ☐ N / ☑ S Line of Section
4932 feet from ☑ E / ☐ W Line of Section
County: Rush

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: CEDAR HILLS
Maximum Authorized Injection Rate: 250 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	0		0		
February	2464	0	0		28
March	27300	0	0		31
April	26400	0	0		30
May	2730	0	0		31
June	2640	0	0		30
July	2750	0	0		31
August	2750	0	0		31
September	2660	0	0		30
October	2740	0	0		31
November	2670	0	0		30
December	2730	0	0		31
TOTAL	77834		0		

Submitted Electronically