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: DREILING Q
Well Number: 4

API No.: 15-051-21855-00-01
Permit No: D21559.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - NE - NW Sec. 23 Twp. 12 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
4557 feet from ☐ N / ☑ S Line of Section
3390 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 180 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	2540	0	0		31
February	2290	0	0		28
March	2500	0	0		31
April	2460	0	0		30
May	2510	0	0		31
June	2480	0	0		30
July	2530	0	0		31
August	2540	0	0		31
September	2460	0	0		30
October	20	0	0		31
November	2470	0	0		30
December	2530	0	0		31
TOTAL	27330		0		

Submitted Electronically