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 E. Dreyer
Phone: ( 620 ) 342-9586
Lease Name: SHAFFER
Well Number: 26

API No.: 15-207-25972-00-00
Permit No: D26483.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - NE - SE - SW Sec. 31 Twp. 23 S. R. 14 ☑ E ☐ W
*(Q/Q/Q/Q)*
760 feet from ☐ N / ☑ S Line of Section
3160 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: Arbuckle
Maximum Authorized Injection Rate: 1000 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 | 15500 | 0 | 0 | | 31 |
| February | 14000 | 0 | 0 | | 28 |
| March | 15500 | 0 | 0 | | 31 |
| April | 15000 | 0 | 0 | | 30 |
| May | 15000 | 0 | 0 | | 31 |
| June | 15000 | 0 | 0 | | 30 |
| July | 15500 | 0 | 0 | | 31 |
| August | 15500 | 0 | 0 | | 31 |
| September | 15000 | 0 | 0 | | 30 |
| October | 15500 | 0 | 0 | | 31 |
| November | 15000 | 0 | 0 | | 30 |
| December | 15500 | 0 | 0 | | 31 |
| ***TOTAL*** | 182000 | | 0 | | |

Submitted Electronically