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 # 33527
Name: J D Dreiling Oil, Inc.
Address 1: 215 6TH ST
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 8903
Contact Person: Jane A Dreiling
Phone: (620) 587-3658
Lease Name: BUDDE
Well Number: 4

API No.: 15-185-12441-00-01
Permit No: E24345.1
Reporting Year: 2019
(January 1 to December 31)

____ - NE - SW - SW Sec. 27 Twp. 24 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
1031 feet from ☐ N / ☑ S Line of Section
4351 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: VIOLA
Maximum Authorized Injection Rate: 3000 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	4420	0			31
February	4760	0			28
March	5100	0			31
April	5100	0			30
May	5270	0			31
June	5100	0			30
July	5270	0			31
August	4870	0			31
September	4080	0			30
October	4690	0			31
November	5800	0			30
December	5880	0			31
TOTAL	60340		0		

Submitted Electronically