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 # 3822
Name: Koehn, Carolyn
Address 1: 2241 MOCCASIN RD
Address 2:
City: GALVA State: KS Zip: 67443 + 8842
Contact Person: Andrew Rhea
Phone: (620) 654-6976
Lease Name: GLEN
Well Number: 2

API No.: 15-113-20840-00-01
Permit No: D20656.0
Reporting Year: 2019
(January 1 to December 31)

____ - E2 - SE - NW Sec. 14 Twp. 19 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
3280 feet from ☐ N / ☑ S Line of Section
3055 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: SIMPSON
Maximum Authorized Injection Rate: 4700 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	83887	0	0		31
February	78202	0	0		28
March	86771	0	0		31
April	83950	0	0		30
May	86778	0	0		31
June	83960	0	0		30
July	86788	0	0		31
August	86791	0	0		31
September	83945	0	0		30
October	86779	0	0		31
November	83786	0	0		30
December	86791	0	0		31
TOTAL	1018428		0		

Submitted Electronically