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: BECKER VERNON
Well Number: 1

API No.: 15-113-20798-00-02
Permit No: E30357.1
Reporting Year: 2019
(January 1 to December 31)

____ - NW - SW - NE Sec. 7 Twp. 20 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
3656 feet from ☐ N / ☑ S Line of Section
2307 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/VIOLA
Maximum Authorized Injection Rate: 6000 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	148809	0	0		31
February	134291	0	0		28
March	148805	0	0		31
April	144005	0	0		30
May	148807	0	0		31
June	144015	0	0		30
July	148816	0	0		31
August	148814	0	0		31
September	144010	0	0		30
October	148811	0	0		31
November	144009	0	0		30
December	148812	0	0		31
TOTAL	1752004		0		

Submitted Electronically