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 # 9346
Name: Diehl Oil Inc
Address 1: 205 E 13TH
Address 2: PO BOX 234
City: HAYS State: KS Zip: 67601 + 0234
Contact Person: Magen Kroetsch
Phone: (785) 625-6711
Lease Name: SAMUELSON
Well Number: SWD 1

API No.: 15-051-23355-00-00
Permit No: D21851.0
Reporting Year: 2019
(January 1 to December 31)

W2 - NW - NE - NE Sec. 36 Twp. 11 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4938 feet from ☐ N / ☑ S Line of Section
1019 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: 100 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 700 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	8193	0	0	0	31
February	6610	0	0	0	28
March	7755	0	0	0	31
April	7649	0	0	0	30
May	7505	0	0	0	31
June	6821	0	0	0	30
July	7937	0	0	0	31
August	7327	0	0	0	31
September	7391	0	0	0	30
October	7451	0	0	0	31
November	7212	0	0	0	30
December	7539	0	0	0	31
TOTAL	89390		0		

Submitted Electronically