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: JOHNSON D
Well Number: 5

API No.: 15-051-21772-00-00
Permit No: D19691.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - NE - NW - NE Sec. 32 Twp. 11 S. R. 18 ☐ E ☑ W
*(Q/Q/Q/Q)*
4909 feet from ☐ N / ☑ S Line of Section
1690 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1850 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 | 45998 | 0 | 0 | 0 | 31 |
| February | 35621 | 0 | 0 | 0 | 28 |
| March | 40823 | 0 | 0 | 0 | 31 |
| April | 41477 | 0 | 0 | 0 | 30 |
| May | 39481 | 0 | 0 | 0 | 31 |
| June | 37414 | 0 | 0 | 0 | 30 |
| July | 40393 | 0 | 0 | 0 | 31 |
| August | 40317 | 0 | 0 | 0 | 31 |
| September | 37820 | 0 | 0 | 0 | 30 |
| October | 37612 | 0 | 0 | 0 | 31 |
| November | 35553 | 0 | 0 | 0 | 30 |
| December | 37880 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 470389 | | 0 | | |

Submitted Electronically