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: IRWIN
Well Number: 1-9

API No.: 15-051-24533-00-01
Permit No: D26653.0
Reporting Year: 2019
*(January 1 to December 31)*

____ - W2 - W2 - NW Sec. 11 Twp. 11 S. R. 20 ☐ E ☑ W
*(Q/Q/Q/Q)*
3914 feet from ☐ N / ☑ S Line of Section
5016 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: 2500 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 | 14337 | 0 | 0 | 0 | 31 |
| February | 11889 | 0 | 0 | 0 | 28 |
| March | 14138 | 0 | 0 | 0 | 31 |
| April | 17539 | 0 | 0 | 0 | 30 |
| May | 15379 | 0 | 0 | 0 | 31 |
| June | 15270 | 0 | 0 | 0 | 30 |
| July | 15178 | 0 | 0 | 0 | 31 |
| August | 14327 | 0 | 0 | 0 | 31 |
| September | 13399 | 0 | 0 | 0 | 30 |
| October | 12791 | 0 | 0 | 0 | 31 |
| November | 14039 | 0 | 0 | 0 | 30 |
| December | 12393 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 170679 | | 0 | | |

Submitted Electronically