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: PEAVEY D
Well Number: 1

API No.: 15-051-02232-00-03
Permit No: D17045.0
Reporting Year: 2019
(January 1 to December 31)

____ - NW - NW - SW Sec. 19 Twp. 11 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
2310 feet from ☐ N / ☑ S Line of Section
4950 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: 150 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	1829	0	0	0	31
February	475	0	0	0	28
March	0	0	0	0	31
April	1853	0	0	0	30
May	1571	0	0	0	31
June	1107	0	0	0	30
July	1175	0	0	0	31
August	1062	0	0	0	31
September	1112	0	0	0	30
October	410	0	0	0	31
November	866	0	0	0	30
December	1325	0	0	0	31
TOTAL	12785		0		

Submitted Electronically