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 # 9951
Name: Krier, Kirby Oil, Inc.
Address 1: 1043 NE 80TH RD
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 9159
Contact Person: KIRBY KRIER
Phone: (620) 562-7637
Lease Name: REHME
Well Number: 2

API No.: 15-009-19150-00-02
Permit No: D25811.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - SE - NW Sec. 29 Twp. 18 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
3619 feet from ☐ N / ☑ S Line of Section
3387 feet from ☑ E / ☐ W Line of Section
County: Barton

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: 1000 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	4800	0	0	0	31
February	4800	0	0	0	28
March	4800	0	0	0	31
April	4800	0	0	0	30
May	4800	0	0	0	31
June	4800	0	0	0	30
July	4800	0	0	0	31
August	4800	0	0	0	31
September	4800	0	0	0	30
October	4800	0	0	0	31
November	4800	0	0	0	30
December	4800	0	0	0	31
TOTAL	57600		0		

Submitted Electronically