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 # 3822
Name: Koehn, Carolyn
Address 1: 1566 22nd Avenue
Address 2:
City: GALVA State: KS Zip: 67443 + 8842
Contact Person: Andrew Rhea
Phone: (620) 654-6976
Lease Name: KOEHN
Well Number: 2

API No.: 15-113-20946-00-01
Permit No: D27975.0
Reporting Year: 2020
(January 1 to December 31)

____ - NE - NW - NW Sec. 23 Twp. 19 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
4950 feet from ☐ N / ☑ S Line of Section
4290 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 8000 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	116323	0	0		31
February	108810	0	0		29
March	116321	0	0		31
April	112599	0	0		30
May	116309	0	0		31
June	112606	0	0		30
July	116311	0	0		31
August	16313	0	0		31
September	112635	0	0		30
October	116317	0	0		31
November	112601	0	0		30
December	116318	0	0		31
TOTAL	1273463		0		

Submitted Electronically