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 # 5217
Name: Koehn, Radell W. and Austin Koehn & Morgan Koehn
Address 1: 1977 MOCCASIN RD
Address 2:
City: GALVA State: KS Zip: 67443 + 8021
Contact Person: Radell Koehn
Phone: (620) 654-3872
Lease Name: B RUSSELL
Well Number: 1

API No.: 15-113-20452-00-01
Permit No: D26682.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NW - SW Sec. 6 Twp. 19 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
2330 feet from ☐ N / ☑ S Line of Section
4794 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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 1200 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	16287				31
February	14720				28
March	16273				31
April	15760				30
May	16268				31
June	15759				30
July	16282				31
August	16286				31
September	15730				30
October	16277				31
November	15734				30
December	16289				31
TOTAL	191665		0		

Submitted Electronically