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: KREHBIEL
Well Number: 2-14

API No.: 15-113-21364-00-00
Permit No: D31960.0
Reporting Year: 2020
(January 1 to December 31)

E2 - SE - SW - NW Sec. 25 Twp. 19 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
3038 feet from ☐ N / ☑ S Line of Section
4215 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: 4500 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	30082				31
February	27177				29
March	30072				31
April	29090				30
May	30104				31
June	29099				30
July	30110				31
August	30066				31
September	29105				30
October	30077				31
November	29107				30
December	30098				31
TOTAL	354187		0		

Submitted Electronically