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 # 8394
Name: Krug, Donald H
Address 1: 18298 W 15TH ST RD
Address 2:
City: RUSSELL State: KS Zip: 67665 + 9008
Contact Person: Sandra Krug
Phone: (785) 483-0374
Lease Name: BOXBERGER
Well Number: 2

API No.: 15-167-06457-00-01
Permit No: D19123.0
Reporting Year: 2020
(January 1 to December 31)

____ - NW - NE - NE Sec. 33 Twp. 13 S. R. 14 ☐ E ☑ W
(Q/Q/Q/Q)
4940 feet from ☐ N / ☑ S Line of Section
1000 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 50 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 200 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	3100	0	0	0	31
February	2800	0	0	0	28
March	3100	0	0	0	31
April	3000	0	0	0	30
May	3100	0	0	0	31
June	3000	0	0	0	30
July	3100	0	0	0	31
August	3100	0	0	0	31
September	3000	0	0	0	30
October	3100	0	0	0	31
November	3000	0	0	0	30
December	3100	0	0	0	31
TOTAL	36500		0		

Submitted Electronically