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: BOALS
Well Number: 2

API No.: 15-113-05562-00-01
Permit No: E18480.2
Reporting Year: 2021
(January 1 to December 31)

____ - SE - SE - NW Sec. 24 Twp. 19 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
3267 feet from ☐ N / ☑ S Line of Section
3053 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: 2500 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	10932				31
February	9859				28
March	10926				31
April	10400				30
May	10930				31
June	10398				30
July	10931				31
August	10927				31
September	10401				30
October	10929				31
November	10399				30
December	10924				31
TOTAL	127956		0		

Submitted Electronically