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 + 8913
Contact Person: Andrew Rhea
Phone: (620) 654-3397
Lease Name: BECKER VERNON
Well Number: 1

API No.: 15-113-20798-00-02
Permit No: E30357.1
Reporting Year: 2021
(January 1 to December 31)

____ - NW - SW - NE Sec. 7 Twp. 20 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
3656 feet from ☐ N / ☑ S Line of Section
2307 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: Simpson
Maximum Authorized Injection Rate: 6000 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	0				31
February	0				29
March	0				31
April	0				30
May	0				31
June	0				30
July	0				31
August	0				31
September	0				30
October	0				31
November	0				30
December	0				31
TOTAL	0		0		

Submitted Electronically