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: GLEN
Well Number: 2

API No.: 15-113-20840-00-01
Permit No: D20656.0
Reporting Year: 2021
(January 1 to December 31)

____ - E2 - SE - NW Sec. 14 Twp. 19 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
3280 feet from ☐ N / ☑ S Line of Section
3055 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: 4700 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	86782				31
February	84271				29
March	86793				31
April	83957				30
May	86879				31
June	83957				30
July	86777				31
August	86782				31
September	83938				30
October	86791				31
November	83785				30
December	86892				31
TOTAL	1027604		0		

Submitted Electronically