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: 2022
(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	86771				31
February	81370				28
March	86800				31
April	83960				30
May	86875				31
June	83960				30
July	86770				31
August	86775				31
September	83960				30
October	86795				31
November	83779				30
December	86901				31
TOTAL	1024716		0		

Submitted Electronically