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: 2022
(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	3300				31
February	3000				28
March	3300				31
April	3200				30
May	3300				31
June	3200				30
July	3300				31
August	3300				31
September	3200				30
October	3300				31
November	3200				30
December	3300				31
TOTAL	38900		0		

Submitted Electronically