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 # 35901
Name: Pohlman Oil LLC
Address 1: 4605 JEFFERSON DRIVE
Address 2:
City: HAYS State: KS Zip: 67601 + 1501
Contact Person: Brett Pohlman
Phone: (785) 656-1693
Lease Name: HRABE
Well Number: 8-26

API No.: 15-163-21054-00-01
Permit No: E23839.1
Reporting Year: 2023
(January 1 to December 31)

SW - NE - NW - NW Sec. 26 Twp. 8 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
4871 feet from ☐ N / ☑ S Line of Section
4535 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 500 psi Injection Zone: LANSING
Maximum Authorized Injection Rate: 1500 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	3813				31
February	3444				28
March	3813				31
April	3690				30
May	3813				31
June	3690				30
July	3813				31
August	3813				31
September	3690				30
October	3813				31
November	3690				30
December	3813				31
TOTAL	44895		0		

Submitted Electronically