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 # 32381
Name: Krehbiel, Jay
Address 1: 504 N CARRIE ST
Address 2:
City: MCPHERSON State: KS Zip: 67460 + __ __ __ __
Contact Person: Jay Krehbiel
Phone: (620) 241-4901
Lease Name: LINDHOLM
Well Number: 2

API No.: 15-159-03668-00-02
Permit No: D22231.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - NW - SW Sec. 13 Twp. 20 S. R. 6 ☐ E ☑ W
(Q/Q/Q/Q)
1685 feet from ☐ N / ☑ S Line of Section
4188 feet from ☑ E / ☐ W Line of Section
County: Rice

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: ARBUCKLE
Maximum Authorized Injection Rate: 800 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	9300	0	0	0	31
February	8400	0	0	0	28
March	9300	0	0	0	31
April	9000	0	0	0	30
May	9300	0	0	0	31
June	9000	0	0	0	30
July	9300	0	0	0	31
August	9300	0	0	0	31
September	9000	0	0	0	30
October	9300	0	0	0	31
November	9000	0	0	0	30
December	9300	0	0	0	31
TOTAL	109500		0		

Submitted Electronically