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: LACQUEMENT
Well Number: 3

API No.: 15-113-05657-00-02
Permit No: D30203.0
Reporting Year: 2023
*(January 1 to December 31)*

____ - SW - SW - SE Sec. 20 Twp. 19 S. R. 1 ☐ E ☑ W
*(Q/Q/Q/Q)*
331 feet from ☐ N / ☑ S Line of Section
2301 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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 6000 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 | 40300 | 0 | 0 | 0 | 31 |
| February | 36400 | 0 | 0 | 0 | 28 |
| March | 40300 | 0 | 0 | 0 | 31 |
| April | 39000 | 0 | 0 | 0 | 30 |
| May | 40300 | 0 | 0 | 0 | 31 |
| June | 39000 | 0 | 0 | 0 | 30 |
| July | 40300 | 0 | 0 | 0 | 31 |
| August | 40300 | 0 | 0 | 0 | 31 |
| September | 39000 | 0 | 0 | 0 | 30 |
| October | 40300 | 0 | 0 | 0 | 31 |
| November | 39000 | 0 | 0 | 0 | 30 |
| December | 40300 | 0 | 0 | 0 | 31 |
| ***TOTAL*** | 474500 | | 0 | | |

Submitted Electronically