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: PRIDDY
Well Number: 1-25

API No.: 15-113-21320-00-01
Permit No: D31454.0
Reporting Year: 2023
(January 1 to December 31)

____ - SW - NW - NE Sec. 25 Twp. 18 S. R. 4 ☐ E ☑ W
(Q/Q/Q/Q)
1020 feet from ☑ N / ☐ S Line of Section
2240 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: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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	1550	0	0	0	31
February	1400	0	0	0	28
March	1550	0	0	0	31
April	1500	0	0	0	30
May	1550	0	0	0	31
June	1500	0	0	0	30
July	1550	0	0	0	31
August	1550	0	0	0	31
September	1500	0	0	0	30
October	1550	0	0	0	31
November	1500	0	0	0	30
December	1550	0	0	0	31
TOTAL	18250		0		

Submitted Electronically