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 # 4873
Name: D & R Well Service, Inc.
Address 1: 1224 20TH AVE
Address 2:
City: GALVA State: KS Zip: 67443 + 5015
Contact Person: Nancy Ward
Phone: (620) 654-2662
Lease Name: KOEHN JADEAN
Well Number: 1

API No.: 15-113-20390-00-02
Permit No: D23240.0
Reporting Year: 2025
(January 1 to December 31)

____ - SW - SE - SE Sec. 12 Twp. 20 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
336 feet from ☐ N / ☑ S Line of Section
1294 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: OSAGE
Maximum Authorized Injection Rate: 2000 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	21080	0	0		31
February	19040	0	0		28
March	21080	0	0		31
April	20400	0	0		30
May	21080	0	0		31
June	20400	0	0		30
July	21080	0	0		31
August	21080	0	0		31
September	20400	0	0		30
October	21080	0	0		31
November	20400	0	0		30
December	21080	0	0		31
TOTAL	248200		0		

Submitted Electronically