KOLAR Document ID: 1882228

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 # 33527
Name: J D Dreiling Oil, Inc.
Address 1: 215 6TH ST
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 8903
Contact Person: Jane Dreiling
Phone: (620) 587-3658
Lease Name: HALSTEAD SWD SYSTEM (SCHROEDER)
Well Number: 1 (6)

API No.: 15-079-20067-00-01
Permit No: D14483.0
Reporting Year: 2025
(January 1 to December 31)

____ - NE - SE - SE Sec. 3 Twp. 23 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
990 feet from ☐ N / ☑ S Line of Section
330 feet from ☑ E / ☐ W Line of Section
County: Harvey

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: Arbuckle
Maximum Authorized Injection Rate: 5000 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	42315				31
February	30660				28
March	31620				31
April	31960				30
May	41470				31
June	33540				30
July	37020				31
August	35340				31
September	34330				30
October	35340				31
November	34200				30
December	35340				31
TOTAL	423135		0		

Submitted Electronically