1326653

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 # 4928
Name: Bogle, Marion A. dba M. A. B. Production
Address 1: 4632 UTAH RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8819
Contact Person: Marion Bogle
Phone: (785) 883-4557
Lease Name: UNGER
Well Number: 6 82

API No.: 15-059-22877-00-01
Permit No: E25826.2
Reporting Year: 2016
(January 1 to December 31)

____ - NE - SE - NE Sec. 30 Twp. 15 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
3482 feet from ☐ N / ☑ S Line of Section
460 feet from ☑ E / ☐ W Line of Section
County: Franklin

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: 550 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 100 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	930	500	0		31
February	870	500	0		29
March	930	500	0		31
April	900	500	0		30
May	930	500	0		31
June	900	500	0		30
July	930	500	0		31
August	930	500	0		31
September	900	500	0		30
October	930	500	0		31
November	900	500	0		30
December	930	500	0		31
TOTAL	10980		0		

Submitted Electronically