1337172

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 # 5254
Name: Midco Exploration, Inc.
Address 1: PO BOX 1278
Address 2:
City: WESTMONT State: IL Zip: 60559 + 3878
Contact Person: Earl J. Joyce, Jr.
Phone: (630) 655-2198
Lease Name: IMPERIAL TODD
Well Number: 1-3

API No.: 15-033-20373-00-01
Permit No: D27748.0
Reporting Year: 2016
(January 1 to December 31)

____ - SE - NW - SE Sec. 3 Twp. 33 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1743 feet from ☐ N / ☑ S Line of Section
1863 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 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	1012	0	0		31
February	1177	0	0		29
March	1179	0	0		31
April	1160	0	0		30
May	1265	0	0		31
June	1207	0	0		30
July	1158	0	0		31
August	1239	0	0		31
September	1332	0	0		30
October	1379	0	0		31
November	1286	0	0		30
December	1334	0	0		31
TOTAL	14728		0		

Submitted Electronically