1341981

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 # 33922
Name: Mustang Energy Corporation
Address 1: PO BOX 1121
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: Rod Brin
Phone: (785) 623-0533
Lease Name: DECHANT SWD
Well Number: 2

API No.: 15-135-22665-00-01
Permit No: D32047.0
Reporting Year: 2016
(January 1 to December 31)

E2 - SW - SW - SE Sec. 1 Twp. 20 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
295 feet from ☐ N / ☑ S Line of Section
1992 feet from ☑ E / ☐ W Line of Section
County: Ness

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: Cedar Hills
Maximum Authorized Injection Rate: 500 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	3410	0	0		31
February	3190	0	0		29
March	3410	0	0		31
April	3300	0	0		30
May	3410	0	0		31
June	3300	0	0		30
July	3410	0	0		31
August	3410	0	0		31
September	3300	0	0		30
October	3410	0	0		31
November	3300	0	0		30
December	3410	0	0		31
TOTAL	40260		0		

Submitted Electronically